OBEDIENTIA CIVIUM URBIS FELICITAS

REPORT

OF THE

CITY MEDICAL OFFICER

CITY OF DUBLIN

FOR THE YEAR 1956

By

JOHN B. O'REGAN, B.Sc., M.D., D.P.H.
City Medical Officer.

DUBLIN:
Printed by SEALY, BRYERS & WALKER.
1957.

With the Compliments

of the

City Medical Officer

PUBLIC HEALTH DEPT.
MUNICIPAL BUILDINGS
16 CASTLE STREET
DUBLIN

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PREFACE

Municipal Buildings,
Dublin.

J. P. Keane, Esq.,
City Manager and Town Clerk.

I have the honour to present the Annual Report on the health of the City for the year 1956.

The main statistical rates have not changed significantly and are the subject of minor comments in the Preface. As was expected, it was a year of high incidence of Poliomyelitis. 85 cases occurred, nearly 30 more than the highest previous year (1942).

Crooksling Sanatorium, which has served the City since 1915, was closed and the patients from it transferred to vacancies in St. Mary's and the James Connolly Sanatoria.

The death rate from Tuberculosis has not declined much further, but last year it reached a new low level, and I am happy to see this figure is not exceeded.

Finally, the report on the Central City Housing Survey has come to hand, and an extensive summary is given in the body of the Report.

Vital Statistics.

	1955	1956
Population	522,183 (mid-1953).	537,878
Births	12,661	12,654
Birth Rate	24·2	23·5
Deaths (all causes)	5,801	5,347
Death Rate	11·1	9·9
Infant Deaths	435	457
Infant Mortality Rate	34·0	36·1
Neo-Natal Mortality Rate	21·0	22·3
Stillbirths notified	483	481
Deaths from Principal Epidemic Diseases (excluding Influenza)	27	35
Death Rate from Principal Epidemic Diseases (excluding Influenza)	0·05	0·065
Deaths from Tuberculosis (all forms)	154	149

	1955	1956
Death Rate from Tuberculosis (all forms) per 100,000 population	29	27·9
Deaths from Tuberculosis (Pulmonary)	141	134
Death Rate from Tuberculosis (Pulmonary) per 100,000 population	27	25
Deaths from Cancer	918	879
Death Rate from Cancer	1·75	1·62

The death rate shows a decrease on last year's figure which was calculated on the estimated population at mid-1953. There were 454 fewer deaths, and 313 of this decrease occurred in the 65 and over age group.

The slight increase in the infantile mortality rate is to some extent accounted for by a greater number of infants dying from Gastro-Enteritis than in the previous year.

INFECTIOUS DISEASES.

Diphtheria :

There were 211 cases of diphtheria and 12 deaths in 1956 which I think represents the peak of the present epidemic which began in 1954 with 17 notifications, and continued in 1955 with 64 notifications. Reference is made in the section dealing with immunisation on the large percentage of children who are as yet apparently unprotected, and to the apathy which prevails even when grave illness and death has affected neighbouring families. There is an estimated backlog of 12,000 children under the age of 5 years who have not yet been fully immunised, and it will be another year before I am satisfied that the Schools will have been adequately covered for the second time since the beginning of 1956 to enable parents of children in the junior classes who refused immunisation, or whose children were absent when it was being done, to avail of a second chance.

Table No. I—Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1927—1956.

	Annual Rate of Mortality		Total Deaths	Deaths under One Year	Infant Mortality Rate	Typhus	Typhoid	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhoeal Diseases	Dysentery	Tuberculosis		Cancer	Pneumonia	Diseases of Respiratory System
	From all Causes	From Principal Epidemic Diseases												Pulmonary	Other Forms			
1927 ...	17·1	1·5	5,416	996	122	—	—	61	—	197	60	144	—	533	123	328	650	758
1928 ...	15·0	1·3	4,791	845	103	1	5	171	2	15	44	174	1	466	112	368	391	566
1929 ...	16·0	1·0	5,103	866	107	—	3	3	9	83	56	159	2	443	113	353	520	864
1930 ...	15·0	0·9	6,161	1,031	98	1	1	86	8	66	77	161	—	586	162	471	606	787
1931 ...	15·9	1·2	6,562	977	94	—	1	223	7	31	72	144	—	617	197	439	773	828
1932 ...	15·6	1·1	6,536	1,067	102	—	4	42	19	121	82	190	—	551	144	484	638	890
1933 ...	15·3	0·9	6,405	891	83	—	14	72	24	42	110	152	2	584	167	478	696	851
1934 ...	13·6	0·7	5,748	578	79	—	9	11	9	88	76	124	—	570	144	644	521	491
1935 ...	15·2	1·0	6,506	1,067	93	—	11	87	4	18	89	203	—	565	164	527	665	703
1936 ...	15·0	1·3	6,996	1,337	115	—	2	90	18	57	110	254	—	602	137	540	662	754
1937 ...	14·9	1·0	7,023	1,231	106	—	11	46	66	73	84	242	—	565	156	663	656	891
1938 ...	13·3	0·8	6,355	1,144	98	—	1	37	26	33	92	214	—	558	135	681	586	550
1939 ...	13·3	0·8	6,403	1,036	90	—	2	51	22	26	84	209	—	568	148	585	431	601
1940 ...	14·5	0·7	7,065	1,039	92	—	7	23	5	43	66	233	—	636	153	584	457	785
1941 ...	14·1	1·3	6,903	1,339	118	—	3	32	7	38	54	506	—	610	151	582	368	555
1942 ...	14·0	1·3	6,855	1,311	105	—	4	17	5	72	56	465	—	762	162	626	374	434
1943 ...	14·5	1·5	7,268	1,617	128	—	6	5	6	63	84	609	—	733	174	631	385	453
1944 ...	14·1	1·3	7,141	1,509	125	—	3	47	7	39	74	513	—	604	195	643	406	451
1945 ...	14·0	1·3	7,036	1,424	114	—	8	5	—	30	36	557	1	643	181	622	381	396
1946 ...	13·2	1·0	6,690	1,266	96	—	3	13	—	43	13	461	5	594	176	602	338	349
1947 ...	14·1	0·8	7,253	1,194	88	—	2	22	—	120	5	282	—	651	193	648	448	436
1948 ...	10·9	0·2	5,660	624	48	—	—	12	—	16	1	80	1	573	117	666	247	277
1949 ...	11·3	0·4	5,969	828	65	—	2	18	2	47	—	132	4	455	86	731	326	311
1950 ...	11·0	0·15	5,894	609	48	—	1	19	4	15	1	41	—	390	96	707	258	296
1951 ...	11·9	0·09	6,219	575	45	—	—	10	2	16	—	22	—	367	67	728	333	311
1952 ...	10·1	0·07	5,261	439	34	—	—	9	—	4	—	19	—	259	48	743	236	344
1953 ...	10·0	0·09	5,219	484	39	—	—	11	2	12	—	28	—	234	34	796	224	322
1954 ...	10·4	0·06	5,420	449	35	—	—	11	1	2	4	24	—	208	28	823	228	321
1955 ...	11·1	0·18	5,801	435	34	—	—	5	—	7	13	24	—	141	13	918	284	471
1956 ...	9·9	0·07	5,347	457	36	—	—	8	—	13	12	39	—	134	20	879	222	385

Of the 211 cases, 20 had been fully immunised at some time, and 20 incompletely immunised. In another 26, the mother said she had them injected but we had no records of it, and it is possible that she confused immunisation against diphtheria with B.C.G. vaccination. 144 children were not immunised ; 10 of these died, and there were 2 deaths among those incompletely immunised.

In the first group of 20 the immunisations had been done in :—

1944	1	1949	3	1953	1
1946	1	1950	2	1954	1
1947	1	1951	3	1955	1
1948	3	1952	1	1956	2

Poliomyelitis :

It was anticipated that 1956 would be a high incidence year, and so it turned out to be. There were 85 cases, the greatest number ever recorded. The previous highest figure was 53 in 1942, and, after that, 51 in 1950. Where the virus was recovered, Type I was found in the majority of cases. There was 1 death from among those 85, but in addition another death was recorded in the quarterly returns from the Registrar-General. This patient had not been notified, and it was not possible to check on the accuracy of the certification.

Tuberculosis :

The number of deaths from this disease was five fewer than in the previous year. There was a decrease in the pulmonary deaths, and a small increase in the non-pulmonary deaths. The non-pulmonary rate is 2.9 per 100,000. The number of vacant beds in our Sanatoria continued to increase and it was possible to close the oldest of them in October. This, when full, had accommodated 260 males, and it was anticipated that following its closure there would be a difficult period in the late Spring when waiting lists for men would again have to be formed. This actually happened as expected, but as the demand on female beds continued to decrease, it was possible to make a rearrangement in St. Mary's which again abolished the waiting list after it had been in being for 8 weeks.

The number of infants and children B.C.G. vaccinated has increased. One would expect a larger number of vaccinations, but the yield from surveys among young adults in industry, Civil Service, etc., is small, and a lot of time has of necessity to be given to serving the Maternity Hospitals.

DR. J. A. HARBISON.

Dr. J. A. Harbison retired from the post of City Medical Officer on the 29th February, 1956. He had held office since September, 1948. He was noted for the enthusiasm and drive which he brought to his work, and he took particular interest in Child Health and Housing. He was especially pleased with the drop in infantile mortality rate from 48 to 34, which took place in face of a virulent epidemic of Gastro-Enteritis, which was one of the first problems he had to face, and which was attacked with such energy that the number of deaths from this condition was reduced from the figure 400–600, which had obtained since 1941, to 24 in 1955. To do so, a specialist hospital (St. Clare's) for the treatment of this disease alone came under his administration in 1950, and he left office just before its closing, which took place in the first weeks of 1957.

He was also the architect of the City Housing Survey which began in 1954 and ended in 1956, and which produced for the first time figures which will serve for many years to come as a guide to those who plan our housing needs.

All the staff wish him many years of happy retirement.

INFECTIOUS DISEASES.

M. Crowe, F.R.P.S.I.,D.P.H.,T.D.D. Deputy City Medical Officer.

Article 12 of the Infectious Disease Regulations, 1948, imposes on the Corporation, being the Health Authority for Dublin City, the obligation of making arrangements for the diagnosis and treatment of infectious diseases in persons living in the City. Over 40 diseases are specified to be infectious diseases for the purpose of these Regulations.

To meet its obligations under these Regulations the Corporation, in addition to its own medical, nursing, and health inspector personnel, own and administer :—

(1) (a) Vergemount Fever Hospital, an institution of 200 beds for the treatment of infectious diseases. (It also has an arrangement with the Dublin Fever Hospital).
    (b) St. Clare's Hospital, an institution of 75 beds for the treatment of diarrhoea and enteritis in children.

(2) An ambulance service consisting of 3 ambulances for the transport of patients with infectious diseases.

(3) A bacteriological laboratory located in the Crumlin Health Centre.

(4) A disinfecting and disinfesting centre in Marrowbone Lane.

A general practitioner service under Section 14 of the Health Act, 1953, is provided under the Dublin Board of Assistance for some 94,000 persons (including dependants).

These infectious diseases which, because of incidence, mortality, or other potentiality for harm, are of particular concern, are enlarged upon in the following pages. (Venereal disease and Tuberculosis are covered in the relevant sections.) It will be appreciated that incidence and mortality tables must be based on notification and certification by medical practitioners. It is, of course, possible that in some instances parents take for granted the occurrence of many childhood illnesses and do not call in a doctor. For this reason, there is a likelihood that our notification figures err on the small side.

Poliomyelitis.

85 cases of Poliomyelitis were notified during the year—an incidence of ·158 per 1,000. All were treated in hospital. There were no deaths among those notified, but the deaths of two persons, not notified, were certified due to Poliomyelitis.

The cases were in the following age-groups :—

0—1	1—2	2—3	3—5	5—9	9—17	Over 17
9	29	7	16	7	7	10

Reference to Table No II indicates this year's incidence to be the highest the City has experienced. Fortunately, mortality was low but, of course, this disease must also be reckoned with having regard to the physical disablement, may be crippling in nature and permanent in duration, which is often the lot of its survivors.

Actually, 58 of the 85 patients suffered initial paralysis of one or more limbs, the treatment of which is tedious and prolonged. 64 patients had been discharged from hospital by 31/3/57 ; those needing physiotherapy to receive it as outpatients.

The cases occurred as follows :—

Jan.	Feb.	Mar.	April	May	June
4	—	—	2	3	1
July	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**
4	14	22	17	10	8

There is a known tendency for outbreaks of Poliomyelitis to be associated with Summer and Autumn, and this association was in evidence here. It would seem that transmission is facilitated by

To face page 10.

Table No. II—Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1927—1956.

	Typhus.	Typhoid.	Diphtheria.	Scarlet Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Erysipelas.	Ophthalmia Neonatorum.	Pneumonia.	Puerperal Sepsis.	Dysentery.	Malaria.	Diarrhoea and Enteritis.	Measles.	Whooping Cough.	Acute Anterior Poliomyelitis.	Trachoma.	Penphigus Neonatorum.	Acute Lymphocytic Meningitis
1927 ...	1	26	440	386	—	·	59	7	246	2	1	—	·	·	·	—	·	·	·
1928 ...	4	24	407	638	—	—	73	7	201	8	—	—	·	·	·	—	·	·	·
1929 ...	1	15	500	430	3	—	55	6	266	11	—	1	·	·	·	—	·	·	·
1930 ...	—	28	646	435	4	6	31	—	334	6	—	—	·	·	·	—	·	·	·
1931 ...	—	26	634	1,015	3	5	55	—	289	10	—	—	·	·	·	—	·	·	·
1932 ...	2	96	862	1,082	8	1	105	1	253	12	—	—	·	·	·	—	·	·	·
1933 ...	—	49	1,073	714	6	5	117	—	196	12	—	—	·	·	·	—	·		·
1934 ...	—	38	983	661	15	1	128	—	134	15	—	—	·	·	·	—	·	·	·
1935 ...	—	22	936	907	19	—	158	—	135	23	—	—	·	·	·	2	·	·	·
1936 ...	—	53	870	1,768	33	3	188	1	120	18	—	—	·	·	·	2	·	·	·
1937 ...	—	44	810	1,075	38	2	130	—	156	13	1	—	·	·	·	—	·	·	·
1938 ...	—	19	958	1,154	25	6	148	2	136	15	—	—	·	·	·	—	·	·	·
1939 ...	—	27	913	761	13	4	85	1	151	16	3	1	·	·	·	3	·	·	·
1940 ...	—	65	720	627	27	3	94	11	200	13	1	—	·	·	·	1	·	·	·
1941 ...	—	53	451	511	34	3	117	12	213	18	—	—	·	975	428	8	100	3	·
1942 ...	—	33	624	678	33	2	130	13	358	22	1	1	2,657	1,427	1,423	53	42	1	·
1943 ...	—	23	1,351	658	38	2	163	7	346	15	2	—	2,031	419	586	7	64	1	·
1944 ...	—	*148	1,330	355	50	6	212	3	448	17	8	1	1,279	3,548	1,267	3	47	—	·
1945 ...	—	14	861	303	20	8	207	10	452	14	28	1	1,837	2,112	1,275	19	48	—	·
1946 ...	—	15	403	341	6	1	205	5	767	12	8	—	1,853	798	1,288	21	15	1	·
1947 ...	—	10	185	476	32	—	200	6	633	9	8	1	1,868	3,440	2,293	28	22	—	·
1948 ...	—	10	98	2,728	33	1	219	8	663	9	13	1	1,175	1,558	861	5	9	2	·
1949 ...	—	1	21	2,601	40	—	159	6	621	6	17	—	2,217	3,478	2,512	18	2	1	·
1950 ...	—	4	4	1,686	32	3	181	4	·	2	9	—	625	2,768	1,894	51	8	1	·
1951 ...	—	—	5	695	32	3	129	11	·	3	14	—	930	2,618	1,405	16	5	—	·
1952 ...	—	—	2	458	33	3	133	3	·	7	27	1	623	3,514	2,063	10	10	—	·
1953 ...	—	—	—	620	25	1	118	2	·	6	22	—	908	3,443	2,203	28	2	—	·
1954 ...	—	4	17	532	22	—	80	—	·	3	39	—	459	3,847	419	20	—	—	·
1955 ...	—	1	64	393	16	—	70	—	·	2	41	—	973	3,628	1,699	25	—	—	·
1956 ...	—	5	211	418	16	—	70	2	·	4	30	1	706	3,607	2 300	85	1	1	13

Dot (·) indicates that the disease in question was not notifiable in that particular year.
* Includes 83 cases Paratyphoid Fever B.

warmth, a characteristic which brings poliomyelitis into line with the enteric diseases and provides a basis for the belief that it is spread by anal-oral contact.

The environmental circumstances of each case was the subject of detailed enquiry. They were diffusely distributed over the western half of the city, with odd cases elsewhere, and 16 occurred in a new housing area to which, during the previous 7 years, some 5,000 working-class families numbering 22,000 persons had been transferred.

In only two instances could direct contact between a new case and a known patient be observed. This is perhaps surprising because contact of susceptible with infected persons must be the basis of propagation, and indeed in Scandinavia and U.S.A. contact with identified cases is said to be recorded in some 20% of new patients, but indirect contact between the odd cases occurring in the city and some person from the infected districts in the western suburbs was commonly established.

There were 739 home contacts to the 84 cases. These were kept under observation for three weeks but, apart from the two who developed Poliomyelitis, there was no illness. It is quite probable, of course, that many harboured the virus and, though not sickening, could spread infection. Because of this, those of school age were kept from school for three weeks, and 22 from work in cinemas, large business concerns, etc., for a similar period. These latter were compensated for loss of wages under Section 44 of the Health Act, 1947.

Towards the end of the year, arrangements were made whereby buccal and faucial swabs were taken from 36 home contacts and sent to Dr. Meenan, Poliomyelitis Research Unit, U.C.D., to ascertain to what extent asymptomatic infection, found in other countries, existed in this City. I understand that a few of these specimens have been found positive, but that final results are not to hand.

A study of poliomyelitis in inoculated children has been made in Britain by the Medical Research

Council. It clearly showed a frequent association between the site of inoculation and the limb paralysed in children who developed poliomyelitis within four weeks after inoculation against whooping cough or diphtheria. It also showed an increase directly attributable to inoculation in the number of paralytic cases which occurred.

With an average of four cases of diphtheria being notified each week in a high incidence year for poliomyelitis, the relative importance of continuing with immunisation had to be balanced and constantly reviewed with the danger of provoking paralysis in a child about to be infected by or in the incubation stage of poliomyelitis. For some weeks immunisation was discontinued in Ballyfermot and at the same time propaganda for it was not maintained by the visiting nurses. Press advertising was suspended during the critical period. Operations for the removal of tonsils and adenoids were also discontinued.

As any injury or insult to a muscle during the relevant period is likely to mark it as the possible seat of subsequent paralysis, in all cases enquiries were made to establish any such relationship. Seven children did have an injection of some kind during the month preceding the onset of the paralysis, the site of which, in four instances, did appear to be related to the affected group of muscles.

While diphtheria continues to occur we must pursue our efforts to obtain satisfactory immunisation. Until poliomyelitis vaccine can be given at the same time as the other prophylactics—either separately or combined with them—we intend to change the immunisation timetable so as to begin diphtheria and pertussis prophylaxis at the age of four months.

An unusual occurrence was the death of some 20 budgerigars kept as pets in a house in which a child developed clinical poliomyelitis. In the hope that the cause of these deaths would be precisely determined, and a possible connection with the child's illness explored, carcases and excreta were forwarded to the Virus Reference Laboratory, Colindale. Results have not, however, as yet been received.

Diphtheria.

211 cases of Diphtheria were notified during the year—an incidence of ·39 per 1,000 population. All were treated in hospital. There were 12 deaths among those notified, and the death of another child was certified to diphtheria though the disease was not notified.

The cases were in the following age-groups :—

0—4	5—9	10—14	15—24	25 or over
44	130	32	3	2

2 deaths occurred in the 0—4, and 10 in the 10—14 age-groups.

None of the children who died had completed the full course of immunisation. Two received one injection, in one instance 3½ years, and in the other 3 months, before developing this disease.

Reference to Table No II indicates this year's incidence and mortality to be the highest the City has experienced since 1946. There were " pockets " of cases in St. Laurence's Gardens, St. Brigid's Gardens, and Sean McDermott Street. Almost all were children under 14 years. The 5—9 age-group was more heavily attacked and suffered greater mortality than the 0—4 group, suggesting infection was acquired in school. That feature of recent outbreaks in other cities—the high proportion of adults affected—was not in evidence here.

One would expect familial rather than casual contacts were in danger of contracting this disease, and there were 1,035 home contacts to the 211 cases. Because of this, these were kept under observation and 489 swabbed. 10 were found with positive and virulent swabs, and 9 were admitted to hospital.

There have been many studies of the frequency with which virulent bacilli are to be found among the familial contacts of diphtheria patients, and the role of mild and inapparent infections in propagating the disease. One such study in Baltimore, U.S.A., in the early 1920's showed 23% of familial contacts carried virulent bacilli for greater or lesser periods.

In our experience during the year only 2% carried such organisms. Moreover, in only 4 families did two, and in but one family three, members develop this disease.

Visits were made to three schools, in each of which 5 cases occurred, and routine examination and swabbing of teachers and children carried out. In all, 538 children were examined and 96, with enlarged or diseased tonsils or nasal discharge or excoriation, swabbed. Of these, 2 were positive and virulent, and the 2 children were admitted to hospital.

Although the numbers are small, this finding of 2% of schoolchildren with virulent diphtheria bacilli in their throats is similar to that found by Professor O'Meara among Dublin schoolchildren in 1930, a year in which we had 646 cases of diphtheria with 77 deaths.

The Corporation provides facilities for immunisation against diphtheria as follows :—

(a) By arrangements with the 49 District Medical Officers.

(b) 16 weekly sessions at 13 different centres.

(c) Visitation of schools—during the year 246 visits were made to 109 schools.

Children are brought for immunisation as a result of :—

(1) Health Visitors' efforts during routine home visiting.

(2) Circular letter from C.M.O. to parents of children reaching six months.

(3) Radio Eireann talks and newspaper notices at three-monthly intervals.

During the year 21,467 children completed the full course, and another 9,825 received "booster" doses, as a result of these arrangements.

The Corporation makes available to practitioners supplies of anti-diphtheria serum for the protection of contacts, but there was little demand made for this prophylactic during the year.

In houses from which diphtheria is notified, children are excluded from school, and foodhandlers from work with food, until swab results are to hand. There was no occasion to compensate foodhandlers for loss of wages during the year.

Enteric Fever.

Seven cases of enteric, five typhoid and two paratyphoid, were notified during the year—an incidence of ·014 per 1,000. All patients were hospitalised. There were no deaths.

Three enteric patients were connected, i.e. two children of a family and a nurse in the hospital wherein the first child was treated prior to diagnosis. There was seemingly no association between the fourth patient and a known source of infection. However, early in 1957 a case occurred in a house visited by this fourth patient, and routine investigation disclosed that a woman aged 80 odd years was excreting typhoid organisms. This woman was asymptomatic and must have been the source of infection. The phage type of both organisms were the same. The fifth patient, who sickened within a few days of arrival here, contracted the disease in Spain.

Three patients were phage type F.1, the man from Spain type C, and one of the two sibling children "untypeable"—this latter finding being hard to explain on epidemiological grounds.

One paratyphoid patient was probably infected from drinking Dodder river water at Milltown. The second sickened within a few days of arrival here, being infected in another county.

There were 32 household contacts to these 7 cases: 29 were examined by personnel of this Department and the others by arrangement with a family doctor. Of the 29 examined here, 27 had negative serological, and 28 negative excretal, findings. One child, an ailing contact, had a positive faeces.

There was an illuminating experience with this child. His sister having been diagnosed typhoid, the family contacts were examined serologically, and found negative. After a few weeks this child sickened and a second Widal was negative. However, typhoid organisms were found in excreta and the child was removed to hospital.

At the moment there are but 4 carriers on the register, i.e. 3 typhoid and 1 paratyphoid, all females engaged in housework. Periodic visits are made to ensure they do not wander into unsuitable employment and contacts of all but one have been inoculated with T.A.B. This latter carrier has been found unco-operative.

This number of carriers is small and it may be, of course, there are others of whose existence we are unaware. At the same time it must be borne in mind that release tests of enteric patients prior to discharge from hospital include, as well as excretal examination, a Vi agglutination test, and that those with suggestive titres remain under supervision. There is also the fact that from November, 1947, to May, 1948, sewage effluent was examined at weekly intervals, always with negative results. Also sporadically from 1954 onwards effluent has been examined, using the " Moore Swab " technique, again with negative results.

If there were many carriers in circulation one would expect some of these specimens to have revealed enteric organisms. The negative results suggest the much higher evidence of carriers found in other cities in previous years does not hold in Dublin City nowadays.

Dysentery.

30 cases of Dysentery were notified during the year, an incidence of ·056 per 1,000 population. There were no deaths.

Mild dysentery has become so common that the notifications bear no relation to the actual incidence.

Flexner organisms were responsible for 17, Sonne 5, and " others " 8, of these cases.

Excreta from 20 of the household contacts of the 30 cases were examined. One child found excreting dysenteric organisms was removed to hospital. Otherwise, field investigation unearthed no relationship between these cases.

Pertussis.

2,300 cases of Pertussis were notified during the year, an incidence of 4·3 per 1,000 population. 339 were treated in hospital. There were 13 deaths, an incidence of ·02 per 1,000 population. 11 of the deaths occurred in hospital and 2 took place at home.

The cases were in the following age-groups :—

0—1	1—2	2—3	3—4	4—5	5—9	Over 9
506	363	304	321	243	493	70
(22%)	(16%)	(13%)	(14%)	(11%)	(21%)	(3%)

The 13 deaths were in infants under 10 months, of whom 6 were under 4 months. One of the infants came from an institution, one from a " slum " dwelling, 2 from " better class " dwellings, and 9 from " working class " dwellings—6 houses and 3 flats.

There were two incidence peaks, i.e. in January, during one week of which there were 150 notifications ; and in April, during one week of which there were 100 notifications. From September onwards the incidence trough remained steady at about 10 notifications a week.

It will be noted from Table No II that for the past 12 years Pertussis exceeded Diphtheria as a cause of death.

78% of patients were of pre-school age, infection in these instances being acquired in home or its environment. On the other hand, many of the 493 patients aged 5—9 years would have acquired infection at school and in turn transmitted it to their siblings aged 0—5 years.

All the Pertussis deaths this year were in infants under a year—a case mortality of 2·5% of notified cases. Among the 1,794 cases over one year there was no mortality.

Any method of prophylaxis which would ward off Pertussis for a few years would be of inestimable value. Unfortunately, Pertussis prophylaxis is not established on as secure a basis as that of Diphtheria. Nevertheless combined Diphtheria Pertussis immunisation has been given in Corporation clinics and by District M.O's and private practitioners for many years.

During 1956, 10,170 children—4,263 aged a year or so—are known to have received the course of combined prophylactic. Information is not to hand as to how many of the 2,300 Pertussis patients had been immunised. It is known, however, that of the 410 pertussis patients treated in Vergemount and Dublin Fever Hospitals during the year (this includes patients from outside Dublin City), only 25 had completed the prophylactic course. It is also known that of the 13 infants who died, none had completed this course.

Having regard to the number and case mortality, of infants contracting the disease before their first birthday, a strong case can be made for administering the combined prophylactic at an even earlier age than has hitherto been customary. In this respect studies in the U.S.A., where much pioneering work has been done, indicate that a course of combined prophylactic started at two months induces a good protective response against Pertussis and also against diphtheria.

The transference of diphtheria antibodies from mother to infant will necessitate a later date for active immunisation, but it is possible that the combined diphtheria and pertussis prophylactics will very soon be given at 3 months and the smallpox vaccination postponed until later.

Unfortunately, there is no method by which protection can be quickly afforded an unimmunised infant contact. Sera from convalescent and animal sources have been tried with unconvincing results. In the absence of a method of affording specific protection, day-to-day supervision of infant contacts, and administration of a suitable antibiotic on the appearance of suggestive catarrhal signs, would seem the best way of combating infection acquired at a vulnerable age.

Measles.

3,607 cases of Measles were notified during the year, an incidence of 6·7 per 1,000 population. 516 were treated in hospital. There were 8 deaths, an incidence of ·015 per 1,000 population. 6 of the deaths occurred in hospital.

The cases were in the following age-groups :—

0—1	1—2	2—3	3—4	4—5	5—9	Over 9
305	547	555	512	495	993	191
(9%)	(15%)	(15%)	(14%)	(14%)	(28%)	(5%)

The 8 deaths occurred in children under 2 years, 4 being under one year. All came from " working-class " dwellings, 6 from houses and 2 from flats.

There were three peaks in the occurrence of cases, i.e. in April, during one week of which there were 150 notifications ; June, during one week of which there were 170 notifications ; and in December, during one week of which there were 70 notifications.

67% of cases occurred in children of pre-school age, infection in these instances being acquired in the home or its environment. On the other hand, many of the 993 children aged 5—9 years would have acquired infection in school and, in turn, transmitted it to their siblings of pre-school age.

It will be noted that the case mortality for the

852 children aged 0—2 years notified is 1%, whereas there was no death among the 2,755 over this age. The baneful effects of Measles and Whooping Cough cannot, moreover, be estimated from mortality alone, because among those recovering, many are left with chronically damaged chests, this being particularly evident in the younger the child.

There is, as yet, no generally applicable method of immunising children against Measles, but temporary protection can be afforded by the use of Gamma Globulin. Although its effect is transitory, there is a wide field for the use of Gamma Globulin because much would be gained by postponing an attack of Measles from infancy to later childhood when its lethality is less pronounced.

For this purpose, the Corporation in 1948 put into practice a scheme whereby supplies of Gamma Globulin are provided free of charge. During the year, 103 children were protected in this way, the cost being 23s. per child. These 103 children were mostly hospital contacts, and received the Gamma Globulin while in hospital. It is disappointing to observe that very little of this material was used on home contacts outside of hospital.

Rubella.

3,538 cases of Rubella were notified during the year, an incidence of 6·6 per 1,000 population. There were no deaths. Indeed, Rubella is characteristically a very mild disease, and it is only in recent years, because of its observed association with congenital defects in babies whose mothers contracted it early in the pregnancy, that it has attained significance.

This year's incidence was by far the highest the City has experienced since the disease was made notifiable by the Infectious Diseases Regulations, 1948, the epidemic mainly confining itself to April, May and June.

Rubella seems to reach epidemic prevalence at longer intervals than Measles or Pertussis, and possibly because of this trend, tends to effect a wider age group. 8% of the cases occurred in females aged 18 or over.

Dr. Victoria Coffey, Paediatrician at St. Kevin's Hospital, is conducting a survey of possible infantile defects from maternal rubella and, in this epidemic, the Child Health personnel have been put at her disposal if she needs them for fieldwork.

Scarlet Fever.

418 cases of Scarlet Fever were notified during the year, an incidence of ·78 per 1,000 population. 269 were treated in hospital. There were no deaths.

The cases were in the following age-groups :—

0—4	5—9	10—14	15—20	Over 20
150	178	62	18	10
(36%)	(43%)	(15%)	(4%)	(2%)

There were no peaks, the incidence curve being even during the year.

Whereas in 1936, 66 deaths were certified in this City to Scarlet Fever, no death has been ascribed to it during the past three years. Scarlet Fever, therefore, as it affects Dublin nowadays, is no longer a killing disease.

Because of its present-day mildness, a problem for careful consideration is whether Scarlet Fever requires the hospitalisation it now receives, i.e. over 60% of notified cases were treated in hospital during the year.

It has been held, generally, that the haemolytic streptococcus causing Scarlet Fever in one person may cause skin or wound infection or just a sore throat in another person, but it must be borne in mind that many experienced observers hold that Scarlet Fever is a distinct entity, and it is possible that further research may relate each manifestation of this infection to its own type of streptococcus.

Infective Hepatitis.

294 cases of Infective Hepatitis were notified during the year, an incidence of ·54 per 1,000 population. There were no deaths. 56 of the patients were treated in hospital. The importance of this ailment rests on the fact that if the infection is severe or prolonged, it may lead to cirrhosis of the liver in later years.

From December onwards it was decided to initiate inquiry into whether cases notified as infective hepatitis had received an injection during 2—4 months before onset of symptoms. In all, enquiries were made into 12 cases, four of whom, it was elicited, did receive an injection during this period.

Diarrhoea and Enteritis.

706 cases (children under 2 years) of Diarrhoea and Enteritis were notified during the year, an incidence of 1·3 per 1,000 population. There were 39 deaths, an incidence of ·07 per 1,000 population.

It will be seen from Table No. II that of the principal epidemic diseases, the condition coming under the designation of Diarrhoea and Enteritis is responsible for the majority of deaths.

Since the beginning of this century, Gastro-Enteritis has been the chief cause of infantile mortality in this City. In 1900–04, it was 28 ; in 1910–14, 38 ; in 1940–44, 38 ; in 1947, 21 ; and in 1956, 3 ; per 1,000 births.

In considering the statistics of Gastro-Enteritis it is well to bear in mind that diagnosis of this condition is not based on precise standards. It is usually certified from the presence of diarrhoea and vomiting, symptoms common to many ailments of children. Any study of Gastro-Enteritis should take into consideration that fashions in nomenclature tend to vary, and criteria for notification and certification to change.

Although there is no specific protective agent against diarrhoea in infants, the level of illness and death from this condition is a direct indication of the state of public hygiene and household sanitation. It is to be expected that improvements in living conditions generally would be associated with decrease in its incidence.

The very marked decline in incidence and mortality from this condition can therefore be viewed with particular satisfaction by those concerned with the welfare of children.

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION

During the year there were on an average 13 Centres in operation in the City for the immunisation of pre-school children, and an average of 16 sessions were held each week at these Centres. In April, Larkhill Clinic was closed and a new Clinic at Finglas opened. In May, temporary Clinics were opened at Garryowen Road, Baldoyle, Rathfarnham, Terenure and Cashel Road, and with the exception of Terenure and Garryowen Road, these had all been discontinued before the end of August.

As the majority of cases of Diphtheria occurred in the lower income groups, particularly among those families living in Corporation Flats and houses, extra Clinics were held in the Estate Offices of three groups of Flats, because it was thought that the regular Centre may have been too far away and provided the parents with an excuse for non-attendance with their children.

If all those who attended for the first injection would persevere until the end of the series of three, our figures for this year would have been exceptionally high, but despite all efforts, particularly intensive house to house visiting, not more than 40% of those who got their first injection completed the course in the Flats Schemes, and for Clinics in general the figure was not more than 70%.

With approximately 12,500 births each year, and allowing for an estimated 2,500 to 3,000 infants immunised by private doctors from whom we do not get records, 9,000 children each year should be immunised by both the Corporation and the Dispensary doctors in order to be sure of a safe level of immunity. In the last 6 or 7 years only half that number was done, and when the teams go into schools to give boosting injections, it is found that between 30% and 40% of children in the junior classes have never been immunised at all. In spite of the large numbers done this year, there must be around 12,000 children yet under 5 who have not been fully immunised.

Many of these, I am sure, have been brought for their first or their second injections, but have not completed the full course, and are not regarded as having received sufficient prophylactic to give reasonable protection.

It is to be regretted that despite intensive propaganda from pulpit, press and radio, 25% of parents do not return the Consent Forms issued to them through the schools.

I am extremely grateful to the Managers and Teachers of all schools for the help and co-operation they have given to this Department in facilitating and furthering these Immunisation Schemes. Without their efforts, the numbers presented for immunisation would not have been as high as they were this year.

	Clinics		Dispensaries	
	P.T.A.P.	D.P.P.	P.T.A.P.	D.P.P.
No. of Pre-School children fully immunised	1,765	6,513	—	2,703
No. of School Children fully immunised	9,365	—	1,121	—
No. of Booster Doses	9,025	—	800	—

	Pre-school Age	School Age
Total number immunised against Diphtheria and Whooping Cough	9,216	—
Total number immunised against Diphtheria alone	1,765	10,486
	10,981	10,486
Total numbers immunised in 1955	6,577	2,352
Total number of booster doses given in 1955 ...	3,540	

CHILD WELFARE SERVICE.

Staff :

Dr. C. O'Brien, M.O. in charge of Child Health.
Dr. B. Lyons-Thornton, Assistant City M.O.
4 wholetime temporary School M.O's.
5 part-time temporary Doctors for Child Welfare.
Miss M. Mattimoe, Nurse Superintendent.
Miss K. Galvin, Deputy Nurse Superintendent.
Miss E. M. Blayney, Deputy Inspector of Midwives.
56 permanent Health Visitors.
6 temporary Health Visitors.

> " There would be fewer patients to treat if the influences menacing health were kept at bay by ante-natal care, infant welfare services, a contented family, and a school which did not expect too much or too little . . ."
>
> Lord Adrian, O.M., M.A., M.D., F.R.C.P., F.R.S.

According as the Corporation builds new Housing Estates, additional Child Welfare Clinics have to be provided to serve the families transferred there from other parts of the City. It is difficult to find suitable premises, but at Finglas and Ballyfermot the Dublin Board of Assistance has permitted us to use their temporary Dispensaries until permanent accommodation is available in the new buildings now under construction. The attendance at clinics in the outskirts of the city is now very much greater than in those long established near the city centre, which have been in existence since the Maternity and Child Welfare Scheme was first started in Dublin nearly thirty years ago, but no longer now accessible to many mothers of large young families.

The question of home visiting of infants and children in the new housing estates on the outskirts of the city presents many problems not easily solved. Sufficient time must be allowed in order to reach these districts before the actual house-to-house visiting can begin. There is, too, the question of the Nurse's mid-day meal when she is away from her home or from a city restaurant, and again, there is the time factor in returning to the city and getting back to the district after lunch. Relatively more visiting is possible in the Flats and tenements where several families can be seen and different parents interviewed, at one visit. In the housing estates, too, there may be the " entry " factor, for sometimes it may happen that, owing to circumstances, the visits may not be acceptable, and " no response " is easier to arrange from a house than elsewhere. This may well appear particularly disappointing in view of the journey involved in reaching the road, or street, or crescent, in which that particular visit is required to be made. The total number of ineffectual calls, however, is not high, and this is surely a tribute to the tact, patience, gentleness and kindness of the Public Health Nurses who do Home Visiting.

Persons in the lower income group must apply for and receive general medical services (G.M.S.) cards before they are accepted as being eligible for free medical services. Persons holding these G.M.S. cards, and their dependants, are eligible for " Nutrients " issued free of cost at Clinics. Persons in the higher income group are no longer afforded the facility of obtaining " Nutrients " at cost price, or part cost, as was the practice in the past. Yet, this change has not greatly affected the numbers coming to Clinics. The home visiting of Nurses has been such an influence for good that the mothers take their children to their nearest Child Welfare Centre and meet their visiting Nurse there, discuss their problems with her, and if necessary, consult the Doctor on duty. The Child Welfare Centres, formerly known as Maternity and Child Welfare Clinics, now only cater for children. There is, however, still a temporary arrangement by which dental treatment is provided for expectant and nursing mothers in the lower income group through the Corporation's Dental Service, by arrangement with the Dublin Board of Assistance. Hospital and Specialist Services for children are provided for the dependants of G.M.S. Card holders, and Dental Treatment, Spectacles, Orthopaedic Appliances, etc. are also provided free. Dried milk, heretofore available at Clinics, is now distributed at the various Milk Depots situated in the city and suburbs. Much more liquid milk, however, is utilised than in the past. This is Highest Grade tubercle-free, bottled milk, and the quantities are fixed in accordance with the Milk Regulations of the Health Act.

MATERNITY HOSPITALS :

The three city Maternity Hospitals and the Maternity Wing of St. Kevin's Hospital, continue to afford the usual excellent care of Dublin mothers, both ante-natal, lying-in, and post-natal, and we are deeply indebted to the Masters and Staffs of these Hospitals for all the work that is being done. And, in particular, may I thank the ex-Masters of the Maternity Hospitals for their splendid help to our Department, and to wish the new Masters a very happy and successful term of office. One of the most pleasant aspects of Medicine in Dublin is the friendliness and help always so easily available to us by the staffs of all the Hospitals and by the city consultants. Included in this report is a table showing the work done in the three Maternity Hospitals and St. Kevin's, during the year 1956.

NUTRITION :

The Summer of 1956 was much less warm and sunny than 1955 but the incidence of measles and whooping-cough in the Spring left many children debilitated, and signs of lesser degrees of rickets have become apparent in some cases. It is only the exceptional baby who is now breast-fed, and with this almost total disappearance of breast-feeding during the past decade, it is difficult to foresee the time when there will be a return to this natural method of feeding infants.

Respiratory infections caused a proportion of the deaths in infants, as well as prematurity, and the neo-natal death rate still continues to be a cause for serious consideration. The health of the mothers during pregnancy is so very important and the standard of nutrition is not always high. The work done in connection with anaemia in pregnant women in the Maternity Hospitals in the city, showed clearly the extent of the problem, and indeed, the pallor, carious teeth, and signs of fatigue in many women, are disappointing. There are available at the Dining Centres, meals for mothers, and there is also the provision of milk both before and after confinement. Ante-natal care too is provided at the three city Maternity Hospitals as well as St. Kevin's, and it is also provided under the General Practitioner Medical Services Scheme. Our Nurses, at home visits, urge women to avail themselves of all these various facilities.

ST. CLARE'S HOSPITAL :

St. Clare's Hospital, Ballymun, which catered for sick children under two years of age, ceased to admit patients in November, 1956, and the wards were gradually emptied, as it was felt that there was no longer a need for this hospital. I wish to place on record my appreciation of the work done in St. Clare's by the Visiting Physicians and Consultants, the Resident Medical Staff, and, of course, by the Matron and Nurses. Their devotion to the children was admirable and the high standard originally set in St. Clare's Hospital was maintained throughout. During the past two or three years, admissions to St. Clare's Hospital were not restricted to babies and children suffering from gastro-enteritis. All forms of non-surgical illnesses were admitted, excluding fevers. The cubicles and barrier nursing in the wards were important factors in achieving the results obtained in St. Clare's Hospital, and the incidence of cross-infection was remarkably low. There was, however, one condition which militated against the health of babies and children, and that was the low haemoglobin of so many of the cases, and it required a longer stay in Hospital than would otherwise have been necessary in order to deal with this anaemia which was found so frequently in the children. Iron preparations are not available at Clinics and, indeed, the whole question of anaemia in mothers and babies is one which gives cause for consideration.

OUR LADY'S HOSPITAL FOR SICK CHILDREN, CRUMLIN :

This modern hospital, situated on the outskirts of the city, was opened towards the end of 1956, and will serve the needs of a large populous district where there are already new housing estates and flats, and where the provision of homes for families is still going on. The site of the hospital is on high ground, and being on the outskirts of the city, has adequate space, air, light and quietness—all very important in the cure of sick children. It is a district well served by buses, and so parents from all parts of the city will be able to visit their children frequently.

Some of the patients from St. Clare's Hospital were transferred there and certain of the Nurses, too, have taken up duty out there.

Hospital provision to serve the special needs of children has altered too with " Spastics " and paralytic conditions, relatively more common nowadays. Open-air wards of the 1920's are less in demand. Indeed, it was strange to hear a wireless appeal for funds to provide doors and windows for an Institution in England which was being adapted from the open-air design to serve the needs of cripple children nowadays.

TABLES :

Tables are included in the Report showing the work done during the year 1956, and we gratefully acknowledge Reports submitted from the three Maternity Hospitals and Paediatricians, St. Clare's Hospital, and from the dental staff of the Dublin Corporation.

We wish Dr. Harbison many happy years, and we thank him for his generous assistance, guidance and skill which were so readily available to us.

We welcome Miss Mattimoe who was appointed as Nurse Superintendent of the Child Health Nursing Staff, and we thank the Acting Superintendent who carried on in the interval since the resignation of Miss Sheil.

SECTION A.

CHILD WELFARE SERVICE

PRE-NATAL CARE AT CITY MATERNITY HOSPITALS :

Hospital	No. of Patients	No. of Attendances
Coombe Lying-in	3,000	21,000
National Maternity, Holles Street	2,873	14,159
Rotunda	4,171	30,281
Maternity Unit, St. Kevin's Hospital	962	4,810

BIRTHS—CITY MATERNITY HOSPITALS :

No. of deliveries—Intern	11,959
No. of deliveries—Extern	2,421
No. of Maternal Deaths—Intern	19
No. of Maternal Deaths—Extern	—
Maternal Death Rate per 1,000	
do. Intern	1·58
do. —Extern	—
No. of Infant Deaths—Intern	545
do. do. —Extern	65

NOTIFICATION OF BIRTHS :

No. of Infants visited by Public Health Nurses	12,580

HOME VISITING BY PUBLIC HEALTH NURSES :

Total No. of mothers, infants and children under 6 years of age on Public Health Nurses' Registers	86,211

Average No. of Families, etc., on each Public Health Nurse's Register on 31st December, 1956, excluding families in Districts of Baldoyle and Howth :—

Families	623
Infants	225
Children	913

Total No. of Visits to Mothers, Infants and Children	324,602
No. of Special Visits	10,077
No. of Measles cases visited	2,708
No. of Pertussis cases visited	1,434
No. of Stillbirths visited	194

CHILD WELFARE CLINICS:

1,572 Clinics were held at which the totals of attendances were :—

Mothers	55,013
Infants	34,295
Children	45,446

The numbers of Medical Consultations at these Clinics were :—

Mothers	37,280
Infants	25,210
Children	26,328

SPECIALISTS' CLINICS:

Ear, Nose and Throat Clinics :—

No. of Sessions	196
No. of attendances by Pre-School Children	1,438

ULTRA VIOLET LIGHT CLINICS:

162 Sessions for the treatment of children suffering from Rickets or Debility were held—101 Sessions at Carnegie Centre, 61 Sessions at St. Joseph's, Killarney Street.

The number of attendances was :—

Carnegie Centre	1,708
St. Joseph's, Killarney St.	976

" MORO " TESTS.

No. of children " Moro " tested	11,549
No. of children " Moro " positive	164

TRACHOMA CASES.

Notifications	—
Active	8
Contact	42
Suspect	5
Quiescent	24
Attending Hospital for treatment	17
Refusal to attend	4
Discharged	4

TREATMENT OF SEQUELAE OF ANTERIOR POLIOMYELITIS —ORTHOPAEDIC CLINIC, LORD EDWARD ST. :

Total No. of Sessions	47
Total No. of Patients who are under observation less than 3 years	120
Total No. of Patients who are under observation more than 3 years since onset of disease	203
Total No. of Patients discharged from treatment	50
Total No. of attendances at Orthopaedic Clinic	419
Total No. of visits at home by Nurses from this Department	1,272
Total No. of patients treated at Central Remedial Clinic	52
Total No. of patients treated at Hospitals' Out-patients' Departments	40
Total No. of patients treated in Hospital (Intern)	74

PHYSIOTHERAPY :

Total No. of treatments	4.730

HOSPITAL TREATMENT—Children Suffering from Various Diseases :

Particulars of the number of children who received Intern Treatment :—

Medical :—

Heart and Lungs :

Cardiac Disease	6
Bronchiectasis	1
Rheumatism (cardiac involvement)	2
Chorea	3
Anaemia	5
Coeliac Disease	8
Pyelitis	1
Observation and Investigation	7
Debility	3

Surgical :—

Burns	1
Phimosis	66
Hernia	10
Cyst	5
Meningocele	2
Hydrocoele	1

Orthopaedic :

Club Feet	21
Congenital Dislocation of Hip	17
Congenital Absence both arms	1
Exostosis	1
Torticollis	2
Webbed Fingers	1
Perthes Disease	7
Genu Valgum	5
Pes Planus	3
Sequelae of Poliomyelitis	32
Spastic Paralysis	4
Osteomyelitis	2

ORTHOPAEDIC (Extern) :—

Treatments :

Physiotherapy Treatments	346
Manipulation Treatments	607
X-Ray Examinations	82

EYE (Intern) :—

Strabismus	18

EAR, NOSE & THROAT (Intern) :—

Enlarged Tonsils and Adenoids	328
Sinusitis	6
Mastoid	2
Epistaxis	2

SKIN (Intern) :—

Naevus	2

CONGENITAL DEFECTS (Intern) :—

Cleft Palate	2
Harelip	2
Congenital Heart	1
Dwarfism	1
Supernumary Digits	1

CEREBRAL PALSY :—

Children admitted to Carrickbrae	7
Number who attended at Cerebral Palsy Clinic	62
Total number of attendances at Cerebral Palsy Clinic	2,649

CONVALESCENT HOME TREATMENT.

158 children who were suffering from malnutrition, debility, etc., and in need of period in Convalescent Home were admitted during the year to the various Institutions approved under the Scheme.

APPLIANCES FOR CHILDREN.

No. of Orthopaedic Appliances, supplied, renewed and repaired	404

No. of Spectacles supplied to Children under 6 years of age who attend Child Welfare Clinics	385
No. of Repairs to Spectacles	271
No. of Occluders supplied	17
No. of Artificial Eyes Supplied	1

Free Milk Scheme.

No. of pints of milk supplied to children under 5 years of age	1,862,636
No. of pints of milk supplied to Expectant Mothers	97,100
No. of Expectant Mothers who received Milk	1,522
Quantity of Dried Milk distributed to children under 6 months	2,450 1-lb. packets

Catholic Social Service Conference.

No. of meals supplied to Expectant and Nursing Mothers	142,545
No. of pints of milk supplied to Expectant and Nursing Mothers	138,787
Average No. of Mothers on Roll	563

St. Clare's Hospital.

This is the seventh and last Annual Report of St. Clare's Hospital covering a period of one year from January to December, 1956.

As it was decided that the hospital was no longer to be used for the treatment of sick infants no more patients were accepted from 27th November. Those already in the hospital were either discharged home when fit, or transferred to Our Lady's Hospital, Crumlin, or Temple Street Hospital. Only 37 patients remained on 31st December.

During the time under review, there were 622 admissions, a marked decrease on previous years. There were 898 admissions in 1955, and 770 in 1954. The mortality rate was 3·5%, as compared with 1·7% in 1955 and 3·3% in 1954. There were 22 deaths, and of these, 7 died within twelve hours of admission. Post mortem examinations were carried out on eight cases.

As in previous years, the majority of cases were diagnosed as Upper Respiratory Tract Infection, complicated by Diarrhoea of varying severity. There were only 33 cases of Enteral Infection, two of these were cases of Flexner Dysentery, the other 31 being Enteritis or Gastro-Enteritis, no definite pathogenic organisms being isolated. The home conditions of many of the children admitted were poor, and their state of nutrition was well below normal, consequently, their stay in hospital was often prolonged long after the acute condition had subsided. The average stay of a baby in hospital was 7 weeks. A noteworthy finding in very many of all cases admitted was a haemoglobin estimation of between 45%—60%.

All were babies under two years of age, and though priority was given to cases of suspected Gastro-Enteritis, other acute medical conditions were also admitted. All were admitted into isolation cubicles for a period of observation before being transferred to a general ward. Strict barrier nursing was observed throughout the hospital and there was no incidence of cross infection. All other cases of infectious fevers were transferred to one of the fever hospitals, and acute surgical conditions were transferred to Temple St. Hospital.

On discharge, all babies were referred either to the Child Welfare Clinic in their own area, or where necessary to a hospital out-patient department. The mother was also given a typed Diet Sheet, a copy of which was sent to the appropriate Welfare Clinic.

The total number of cots is 82, and the cot occupancy was nearly 100% until the Hospital was closed to further admissions at the end of November.

Antibiotics and Intravenous therapy were the chief forms of treatment. Penicillin and the sulpha drugs were most commonly employed, but the broad spectrum anti-biotics were the drugs of choice in the severely ill.

A diagnostic analysis of the 622 admissions revealed the following :—

Upper Respiratory Tract Infection	271	cases
Bronchitis	87	,,
Pneumonia	17	,,
Empyema	10	,,
Otitis Media	21	,,
Meningitis	3	,,
Measles	11	,,
Dysentery	2	,,
Gastro-Enteritis	31	,,
Dietetic Vomiting and Diarrhoea	41	,,

Miscellaneous Conditions :

Prematurity, Marasmus, Debility, Mismanagement, Teething, Thrush, Stomatitis, Furunculosis, Conjunctivitis, Chicken Pox, Mumps, Rubella, Post Rubella, Pertussis, Miliary T.B., Adenitis (T.B.), Spont. Pneumothorax, Pleural Effusion, Acute Abdomen, Intestinal Obstruction, Peritonitis, Oesophageal Atresia, Allergy, Urticaria, Anaemia, Scurvy, Coeliac Disease, Pink's Disease, Congenital Malformation Kidney, Pyelitis, Roundworm, Chronic Urinary Infection.

AN ANALYSIS OF THE CAUSES OF THE 22 DEATHS SHOWED :—

Pneumococcal Peritonitis and Cardio Respiratory Failure	1
Acute Colitis, and Cardiac Failure	1
Gastro Enteritis	5
Enteritis and Mongolism	1
Enteritis and Congenital Heart	1
Virus Gastro-Enteritis and Encephalitis	1
Virus Pneumonia and Gastro-Enteritis	1
Virus Pneumonia (bilateral)	1
Lobar Pneumonia	1
Broncho-Pneumonia	2
Broncho-Pneumonia and Empyema	1
Broncho-Pneumonia and Pleural Effusion	1
Broncho-Pneumonia and Congenital Heart and Congenital Cataract	1
Septicaemia and Congenital Heart	1
Meningitis	2
Meningitis (T.B.)	1

National Maternity Hospital.

(EXTERN PAEDIATRIC UNIT)

Number of babies visited	2,470
Number of visits made by the nurses	9,659
Number of babies admitted to Unit	146
Out-patients seen in Unit	843
Abscess incised in Unit (out-patients)	48

Deaths—Intern:—10.

Atelectasis, cardiac failure.
Cardiac failure.
Pneumonia and peritonitis, hare lip and cleft palate.
Lobar pneumonia.
Congenital heart.
Broncho-pneumonia and meningitis.
Septicaemia and hepatic failure.
Congenital heart lesion and pneumonia.
Septicaemia.
Streptococcal septicaemia.

Deaths—Extern :—Nil.

REASONS FOR ADMISSION :

Breast Abscess.
Osteomyelitis.
Pneumonia.
Pyloric Stenosis.
Dietetic.
Abnormalities.
Jaundice.
Prematurity.
Congenital Heart.
Rhesus Incompatibility.
Septicaemia.
Observation.
Atelectasis.
Upper Respiratory Tract Infection.

OPERATIONS :

Osteomyelitis	2
Pyloric Stenosis	6
Excision of vitello intestinal duct	1
Abscesses	10

Coombe Lying-in Hospital.

PAEDIATRIC DEPARTMENT.

STATISTICS.

Number of infants born alive in the Hospital and on the District	2,769
Number of Neonatal Deaths (Intern cases)	83
Number of Neonatal Deaths (Extern cases)	7
Neonatal death rate combined	3·2%

These figures relate to the first month of life. In addition, there were 8 deaths of infants over 30 days, and 10 in non-Coombe cases.

Number of attendances at Clinic	8,832
Number of district visits (by nurses)	9,701
Number of admissions to Unit	944
Percentage of total births requiring admission within the first six weeks	27·7%

The closing of St. Clare's Hospital (with 82 infant cots) at the end of the year and the opening of Our Lady's Hospital for Sick Children, Crumlin (with 51 cots) has aggravated the shortage of infant cots in the City. As a result, the Maternity Hospitals have had to admit cases, which should have been treated elsewhere. Indeed, in spite of lack of accommodation for our own cases, we had to admit sick and premature infants from outside our service.

The admission of 944 infants to a sixteen cubicle unit in one year may seem fantastic. It has resulted in cross infection and necessitated very early discharge from hospital.

It was necessary to discharge premature infants to their homes (often slum homes) when they reached 5 lb. Surprisingly, these constituted a very small number of the re-admissions.

The year has seen either a flare-up or a new outbreak of enteritis, with increased morbidity and mortality. So many organisms have been involved that it has not been possible to identify all the sources of infection.

ENTERITIS.

Our major concern during the year was enteritis. Diarrhoea, as a presenting symptom, may not cause much alarm because of the great variety of causes, many of which are unimportant and transient.

Diarrhoea due to the following causes was encountered during the year :—

Underfeeding (breast or bottle)
Unsuitable food
Administration of purgatives to mother
Administration of purgatives to infant
Enteritis

Parenteral infection
    (a) Respiratory Tract Infection
    (b) Otitis media
    (c) Pyelitis
    (d) Mastitis
    (e) Pyogenic Infection (skin)
Milk allergy
Meningitis
Candida infections

To isolate every child with diarrhoea would be unreasonable and impracticable. Six hundred and seventy three (673) infants were reported as having diarrhoea and/or vomiting (excluding deaths). Different standards as to what constitutes diarrhoea may be used by different doctors and nurses. One infant may have one or two very loose motions. Another may have five or more normal, or even constipated motions.

There were 24 deaths among infants suffering from diarrhoea. An analysis of only those cases with identified organisms would exclude many cases in which enteritis was present. On the other hand, the list is probably swollen by cases of parenteral infection and by cases of diarrhoea of dietetic causation.

Specific bacteria were not isolated in all these cases, but it is probable that we were not testing for all the likely pathogenic coliform organisms.

Two of the deaths were in premature infants. The others were full term. Sixteen other prematures were affected but recovered.

The sources of the babies admitted to the Paediatric Unit for the treatment of diarrhoea were :—

	Deaths	Survivors	Total
Number 8 Wards	9	95	104
Old Labour Side Wards	12	91	103
District and elsewhere	3	13	16

The following organisms, isolated from faeces, were believed to have been the cause of the diarrhoea:—

Staphyloccocci	11
Monilia	7
E.Coli 026	3
E.Coli 055	7
E.Coli 0111	4
Streptococci	1
Non specific coli	10
	43

The treatments of choice was usually, by chloromycetin Palmitate. A course of five days was found to be adequate. There were no cases of blood dyscrasias.

Kaomycin (Neomycin) was a useful antibiotic too, but improvement was not so rapid and it was necessary to continue treatment for two or three weeks.

As in other institutions, relapses were common.

The incubation period was about four to five days. First sign was usually loss of weight, an occurrence which is so common in the first week of life as to be sometimes overlooked. This was followed by diarrhoea and occasionally by vomiting. As vomiting was not very common oral treatments could be instituted.

One of the problems created by enteritis was that parenteral infections were not often suspected.

Much advice was sought in dealing with this problem.

PREMATURITY.

One hundred and fifty seven premature infants were born within the Hospital, representing an incidence of 7·4% of the live births.

There were 36 deaths, a premature death rate of 23%.

CHIEF CAUSES OF MORBIDITY.

Respiratory Infections	267
Skin	195
Opthalmia	158
Thrush	153
Other varieties of Stomatitis	60
Mastitis	46
Asphyxia and Anoxia	30
Congenital deformity	24
Mismanagement	20

WILLIAM KIDNEY, M.D., D.P.H., D.C.H.

Rotunda Hospital.

PAEDIATRIC SERVICE.

DR. W. R. F. COLLIS AND DR. P. C. D. MACCLANCY.

The most important advance during the year in the Paediatric Department has been the opening of a neonatal operating theatre with a theatre trained nurse in charge. This means that instead of the infants having to be transported backwards and forwards across town to our surgeons the latter are now able to come to us, thus ensuring the continuity of nursing which is so essential if these babies are to survive. Surgical procedures comprise a large part of neonatal emergencies, e.g. tracheo-oesophageal fistula and oesophageal atresia necessitating the thoracic approach, the intestinal atresias, pyloric stenosis, imperforate anus, Hirschsprung's Disease, as well as neuro-surgery for cranial injury at birth, spina bifida and hydrocephalus, and perhaps commonest of all, the difficult procedure of exchange transfusion.

We believe that this medico-surgical neonatal department is a real advance in Dublin medicine and will in time prove a great help to doctors all over the country who are faced with these difficult emergencies. The medical management of these cases is extremely difficult except where doctors and nurses are familiar with the problems involved. The newborn infant in the first 4–5 days of life naturally has a very small fluid exchange. But by the end of the second week the baby is taking and excreting 5–6 times, in proportion, as much fluid as the adult. To do this without washing out all the sodium in the body the infant has to conserve the sodium and does this by having a high renal threshold. Hence, if an operation is necessary during the first week the baby should get very little fluid in preparation, while by the third week it needs a great deal, but in giving this it must not be overloaded with sodium. In fact, the calculations necessary if the right amounts of water and electrolytes are to be administered are most exacting, and vitally important.

All our different departments record a satisfactory year.

NURSERY (serving the Labour Ward only) :

Here our yardstick of success or failure is always our premature death rates. This year we record our best results with a **corrected** premature death rate [percentage death rate of prematures (viable and pre-viable) excluding infants dying within 48 hours of birth and those born with hopeless congenital abnormalities] of only 2·5 per cent. Anything under 10 per cent. is usually considered satisfactory, but this year our gross death rate including pre-viables (prematures under 2 lbs. 12 ozs.) is only 10·83 per cent., and without the pre-viables 8·57 per cent. Indeed we may be satisfied with out premature results as they are as good as anywhere else in the world, and this in spite of the fact (perhaps because of it) that we have been conservative in the use of new techniques, such as oxygen tents and hypothermia (e.g. we can claim to be one of the only centres never to have had a single case of retrolental fibroplasia simply because we never used oxygen in excess).

EXTERN PAEDIATRIC UNIT (30 single wards catering for neo-natal cases born outside the hospital) :

Here (see table p.50) we have treated a very wide range of disorders, including 148 premature babies and 259 mature infants. Sixty-six babies were admitted on request by outside doctors. We are particularly glad to have been able to help in this respect as without this service it is extremely difficult for many family doctors to know what to do when faced with a neo-natal emergency.

One of the most important aspects of this work is exchange transfusion for haemolytic disease of the newborn. The number of exchange transfusions carried out in our department has increased during the year by 25 per cent. The position, however, in general concerning haemolytic disease is not yet satisfactory. There is no doubt that a blood sample should be taken from every primipara (and multipara if necessary) and tested for A.B.O., Rh. blood groups, haemoglobin and a Wassermann or Khan carried out. This should be a recognised part of the ante-natal examination. Indeed, it is not too much to say that these tests are as essential as the now generally accepted examinations of the urine and blood pressure which no doctor would omit. In our opinion it should be mandatory for the doctor who agrees to supervise a woman's confinement to see that these tests are carried out.

THE PAEDIATRIC OUT-PATIENT DEPARTMENT:

The general approach has not changed during the year, the work still being carried out by our own nurses though the Corporation has intimated that it intends, at some future date, to take over the home visiting of the normal babies after the first 10 days of life. This we feel would be a retrograde step unless the City nurses were closely integrated with the hospital paediatric service. If this could be done we would welcome the Corporation nurses and child welfare doctors working in our Department, as we have already welcomed the City V.D. and Tuberculosis medical officers and their staffs. We feel that it would be of mutual advantage to both the Corporation medical services and ourselves if the Corporation nurses manned our Out-patient Department and did the home-visiting while the Department remained under the control of an experienced hospital sister and staff nurse.

In general then, the Paediatric Department can be said to be working well. One great problem, however, awaits solution—the baby dying immediately or very shortly after birth. Perhaps this can be said to be more the responsibility of the obstetrician than the paediatrician and certainly without the latter's co-operation nothing can be done. Actually this is a subject whose problems can only be solved if obstetrician, pathologist, general physician and paediatrician all co-operate and co-ordinate their services. We believe that both the paediatric and obstetrical nursing staffs can each learn much from the other in their methods of handling newborn babies, some of which require revision in the light of modern knowledge.

Corrected Premature Death Rate .... 2·50 per cent.
(i.e., percentage death rate of premature (viable and previable) infants excluding infants dying within 48 hours of birth, and those born with hopeless congenital abnormalities.)

INTERN PAEDIATRIC DEPARTMENT.

GROUP	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	356	12	3·37
Premature Infants	272	28	10·29
Previable Premature Infants	10	9	90·00
TOTAL	638	49	7·68

There were 4 deaths in the Labour Ward, 2 Mature, 2 Premature infants (5½ lbs. or less).

SUMMARY.

INTERN PAEDIATRIC DEPARTMENT.

CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Achondroplasia	1	—	1	—	—	—	—	—	—
Acute Bronchopneumonia ...	—	—	—	5	—	5	—	—	—
Acute Haemorrhagic Bronchopneumonia	1	—	1	2	—	2	—	—	—
Anencephalic	—	—	—	1	—	1	—	—	—
Asphyxia Neonatorum ...	6	6	—	—	—	—	—	—	—
Atelectasis	7	6	1	11	2	9	—	—	—
B.C.G. Vaccination ...	1	1	—	—	—	—	—	—	—
Birth Shock	10	10	—	—	—	—	—	—	—
Breech Delivery	7	7	—	—	—	—	—	—	—
Cerebral Haemorrhage ...	1	—	1	—	—	—	—	—	—
Cerebral Syndrome ...	7	7	—	—	—	—	—	—	—
Congenital Cataract ...	—	—	—	1	1	—	—	—	—

INTERN PAEDIATRIC DEPARTMENT—contd.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Congenital Goitre ...	1	1	—	—	—	—	—	—	—
Congenital Heart Disease ...	2	1	1	1	1	—	—	—	—
Coombs Negative—Observation	31	31	—	1	1	—	—	—	—
Cyanosis	3	3	—	—	—	—	—	—	—
Diaphragmatic Hernia ...	—	—	—	1	—	1	—	—	—
Dehydration Fever ...	1	1	—	—	—	—	—	—	—
Dehydration Pyrexia ...	1	1	—	—	—	—	—	—	—
Emphyema Thoracis ...	1	1	—	—	—	—	—	—	—
Enlarged Thymus ...	1	1	—	—	—	—	—	—	—
Face Presentation ...	1	1	—	—	—	—	—	—	—
Forceps Delivery and Facial Paralysis	2	2	—	—	—	—	—	—	—
Forceps Delivery—Observation	58	58	—	2	2	—	—	—	—
Haemolytic Disease ...	8	8	—	1	—	1	—	—	—
Haemolytic Disease : Exchange Transfusion ...	18	17	1	2	2	—	—	—	—
Haemolytic Disease : Exchange Transfusion : Pulmonary Haemorrhage ...	1	—	1	—	—	—	—	—	—
Haemorrhagic Pneumonia : Atelectasis	1	—	1	1	—	1	—	—	—
Hydrocephalus : Intra Cranial Haemorrhage	1	—	1	—	—	—	—	—	—
Icterus	—	—	—	1	1	—	—	—	—
Icterus (Non Specific) ...	2	2	—	—	—	—	—	—	—
L.S.C.S. (Observation) ...	118	118	—	8	8	—	—	—	—
L.S.C.S. : Coombs Negative	1	1	—	—	—	—	—	—	—
Malaena Neonatorum ...	1	1	—	—	—	—	—	—	—
Meningocele	1	1	—	—	—	—	—	—	—
Meningo-Myelocele (Lumbar)	1	1	—	—	—	—	—	—	—
Neo-Natal Infection ...	1	1	—	1	1	—	—	—	—
Observation	23	23	—	—	—	—	—	—	—
Premature	—	—	—	173	167	6	—	—	—
Pre-viable Premature ...	—	—	—	—	—	—	10	1	9
Renal Agenesis, Bronchopneumonia	1	—	1	—	—	—	—	—	—
Spina Bifida	6	5	1	2	1	1	—	—	—
Spina Bifida, Hydrocephalus	1	—	1	—	—	—	—	—	—
Subdural Haemorrhage ...	—	—	—	1	—	1	—	—	—
Systolic Murmur	1	1	—	—	—	—	—	—	—
Tachycardia	1	1	—	—	—	—	—	—	—
Transferred to Unit ...	26	26	—	57	57	—	—	—	—
Totals ...	356	344	12	272	246	28	10	1	9

There were 22 Surgical Operations. There were 49 Deaths in the Nursery. Postmortems were obtained in 20 cases.

EXTERN PAEDIATRIC DEPARTMENT.

GROUP	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	259	14	5·41
Premature Infants	148	8	5·41
Previable Premature Infants	10	8	80·00
TOTAL	417	30	7·19

SUMMARY.

EXTERN PAEDIATRIC DEPARTMENT.

CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Abscess of Mammary Gland	2	2	—	—	—	—	—	—	—
Abscess of Parotid Gland ...	1	1	—	—	—	—	—	—	—
Acute Bronchopneumonia ...	1	—	1	—	—	—	—	—	—
Acute Pyelitis	1	1	—	1	1	—	—	—	—
Asphyxia Neonatorum ...	1	1	—	—	—	—	—	—	—
Atelectasis	3	2	1	2	1	1	—	—	—
Atelectasis Haematemesis ...	1	1	—	—	—	—	—	—	—
Atelectasis, Pulmonary Haemorrhage	—	—	—	1	—	1	—	—	—
Atresia of the Oesophagus ...	1	1	—	—	—	—	—	—	—
Axillary Abscess	1	1	—	—	—	—	—	—	—
B.C.G.	22	22	—	1	1	—	—	—	—
B.C.G., Allergic Eczema ...	—	—	—	1	1	—	—	—	—
Bi-lateral Orchitis ...	—	—	—	1	1	—	—	—	—
Bi-lateral Suprarenal Haemorrhage, Bronchopneumonia	—	—	—	1	—	1	—	—	—
Blood Transfusion ...	1	1	—	—	—	—	—	—	—
Bronchitis	3	3	—	—	—	—	—	—	—
Bronchopneumonia ...	5	3	2	2	2	—	—	—	—
Cerebral Syndrome ...	1	1	—	—	—	—	—	—	—
Circumcision	12	12	—	1	1	—	—	—	—
Congenital Glaucoma ...	1	1	—	—	—	—	—	—	—
Congenital Heart Disease ...	5	4	1	1	1	—	—	—	—
Congenital Heart Disease, Adrenal Haemorrhage ...	1	—	1	—	—	—	—	—	—
Congenital Stridor ...	1	1	—	1	1	—	—	—	—
Constipation	1	1	—	—	—	—	—	—	—
Contact Dermatitis ...	1	1	—	—	—	—	—	—	—
Coombs Negative ...	1	1	—	—	—	—	—	—	—
Cyanosis	1	1	—	—	—	—	—	—	—
Ectopic Anus	1	1	—	—	—	—	—	—	—
Eczema	1	1	—	—	—	—	—	—	—

EXTERN PAEDIATRIC DEPARTMENT—contd.

Condition or Classification	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Enlarged Thymus, Cardiospasm	1	1	—	—	—	—	—	—	—
Fat Dyspepsia	1	1	—	—	—	—	—	—	—
Fracture of Left Humerus	1	1	—	—	—	—	—	—	—
Fracture of Skull ...	1	1	—	—	—	—	—	—	—
General Mismanagement ...	2	2	—	—	—	—	1	1	—
Haemolytic Disease ...	6	5	1	—	—	—	—	—	—
Haemolytic Disease : Exchange Transfusion ...	24	24	—	—	—	—	—	—	—
Haemorrhagic Disease ...	2	2	—	—	—	—	—	—	—
Haemorrhagic Bronchopneumonia	—	—	—	1	—	1	—	—	—
Hare Lip : Cleft Palate ...	2	2	—	—	—	—	—	—	—
Hirschprungs Disease : Colostomy ; Umbilical Fistula	1	—	1	—	—	—	—	—	—
Hydrocephalus	—	—	—	1	1	—	—	—	—
Hydrocephalus, Spina Bifida	3	3	—	—	—	—	—	—	—
Icterus	1	1	—	2	2	—	—	—	—
Imperforate Anus ...	1	1	—	—	—	—	—	—	—
Impetigo (Face)	1	1	—	—	—	—	—	—	—
Lobar Pneumonia ...	1	1	—	—	—	—	—	—	—
Lumbar Meningocele ...	1	1	—	—	—	—	—	—	—
Lung Abscess	1	—	1	—	—	—	—	—	—
Melaena Neonatorum ...	1	1	—	—	—	—	—	—	—
Meningitis	1	—	1	—	—	—	—	—	—
Mismanagement of Feeding	18	18	—	8	8	—	—	—	—
Mongolian Idiot	1	—	1	1	1	—	—	—	—
Monilian Infection of Buttocks	1	1	—	—	—	—	—	—	—
Neo-Natal Icterus : Osteomyelitis of Right O.S. Calcis	1	1	—	—	—	—	—	—	—
Neo-Natal Infection ...	28	27	1	24	24	—	—	—	—
Neo-Natal Infection : Cellulitis of Right Thigh ...	1	1	—	—	—	—	—	—	—
Neo-Natal Tetany ...	1	1	—	—	—	—	—	—	—
Observation (Miscellaneous)	33	33	—	4	4	—	—	—	—
Obstruction of Ileum ...	1	1	—	—	—	—	—	—	—
Osteomyelitis	—	—	—	1	1	—	—	—	—
Otitis Media, Left Ear ...	1	1	—	—	—	—	—	—	—
Patent Ductus Arteriosus ...	—	—	—	1	1	—	—	—	—
Pemphigus	1	1	—	—	—	—	—	—	—
Perianal Abscess	1	1	—	—	—	—	—	—	—
Pertussis	1	1	—	—	—	—	—	—	—
Pneumonia	3	3	—	2	2	—	—	—	—
Pneumonia ; Hare Lip ; Cleft Palate	1	—	1	—	—	—	—	—	—
Premature	1	—	—	84	81	3	9	1	8
Pyloric Stenosis	15	15	—	1	—	1	—	—	—
Pyrexia (Unknown Origin)	1	1	—	—	—	—	—	—	—
Removal of Meningocele ...	1	1	—	—	—	—	—	—	—
Seborrhoeic Dermatitis ...	1	1	—	—	—	—	—	—	—
Spina Bifida	3	2	1	—	—	—	—	—	—
Staphylococcal Pneumonia ; "Lung Cysts" ...	1	1	—	—	—	—	—	—	—
Staphylococcal Rash, Conjunctivitis	1	1	—	—	—	—	—		

EXTERN PAEDRIATRIC DEPARTMENT—contd.

CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Sub Acute Intestinal Obstruction	1	1	—	—	—	—	—	—	—
Subdural Haematoma ...	1	1	—	—	—	—	—	—	—
Thrush	—	—	—	1	1	—	—	—	—
Twitching Attacks ...	1	1	—	—	—	—	—	—	—
Umbilical Infection ...	—	—	—	1	1	—	—	—	—
Upper Respiratory Infection	12	12	—	1	1	—	—	—	—
Urinary Infection ...	4	4	—	2	2	—	—	—	—
Von Ritter's Disease ...	1	1	—	—	—	—	—	—	—
TOTAL ...	259	245	14	148	140	8	10	2	8

There were 64 Surgical Operations. There were 30 Deaths. Postmortems were obtained in 17 cases.

PAEDIATRIC O.P.D.

Total Attendances	11,562
Initial Attendances	3,163
District Visits	5,867

EXTERN PAEDIATRIC DEPARTMENT.

(EXTERN ADMISSIONS OF INFANTS WHO WERE NOT BORN ON THE ROTUNDA SERVICE).

GROUP	Admissions	Deaths	Mortality Rate per cent.
Mature Infants	47	5	10·64
Premature Infants	17	8	47·06
Previable Premature Infants	2	2	100·00
TOTAL	66	15	22·73

SUMMARY.

CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Acute Bronchopneumonia ...	—	—	—	1	—	1	—	—	—
Acute Staphylococcal Dermatitis	1	1	—	—	—	—	—	—	—
Atelectasis	2	2	—	1	—	1	—	—	—
Atelectasis, Mismanagement of Feeding	1	1	—	—	—	—	—	—	—
Atelectasis, Neo-Natal Jaundice	1	1	—	—	—	—	—	—	—
Atresia of Oesophagus ...	1	—	1	—	—	—	—	—	—
Cerebral Palsy	1	1	—	—	—	—	—	—	—
Congenital Heart Disease ...	1	1	—	—	—	—	—	—	—
Congenital Heart Disease, Hydronephrosis, Hare Lip, Cleft Palate	1	—	1	—	—	—	—	—	—
Congenital Obliteration of Bile Duct	1	1	—	—	—	—	—	—	—
Coombs Negative : Observation	2	2	—	—	—	—	—	—	—
Cyanosis	1	1	—	—	—	—	—	—	—
Encephalocele	—	—	—	1	—	1	—	—	—
General Mismanagement ...	1	1	—	—	—	—	—	—	—
Hare Lip, Cleft Palate ...	1	1	—	—	—	—	—	—	—
Haemolytic Disease ...	1	1	—	—	—	—	—	—	—
Haemolytic Disease, Exchange Transfusion ...	—	—	—	1	1	—	—	—	—
Haemorrhagic Disease ...	—	—	—	1	—	1	—	—	—
Hypospadias	1	1	—	—	—	—	—	—	—
Icterus, Coombs Negative ...	2	2	—	—	—	—	—	—	—
Melaena Neonatorum, Haematemesis	1	1	—	—	—	—	—	—	—
Microphthalmus	—	—	—	1	1	—	—	—	—
Mismanagement of Feeding	3	3	—	—	—	—	—	—	—
Neo-Natal Infection ...	8	7	1	1	1	—	—	—	—
Observation (Miscellaneous)	3	3	—	—	—	—	—	—	—
Parotid Abscess	1	1	—	—	—	—	—	—	—
Pneumonia	1	—	1	—	—	—	—	—	—
Pneumonia, Pyloric Stenosis	1	—	1	—	—	—	—	—	—
Prematurity	—	—	—	8	5	3	—	—	—
Pre-viable Prematurity ...	—	—	—	—	—	—	2	—	2
Pyloric Stenosis	6	6	—	1	1	—	—	—	—
Rt. Nephrectomy, Haematoma of Suprarenal ...	1	1	—	—	—	—	—	—	—
Sub-dural Haemorrhage ...	—	—	—	1	—	1	—	—	—
Twitching Attacks ...	1	1	—	—	—	—	—	—	—
Upper Respiratory Infection, Nasal Obstruction, Bronchial Spasm	1	1	—	—	—	—	—	—	—
Urinary Infection, Icterus ...	1	1	—	—	—	—	—	—	—
TOTAL ...	47	42	5	17	9	8	2	—	2

There were 11 Surgical Operations. There were 15 Deaths.
Postmortems were obtained in 2 cases.

St. Kevin's Hospital.

No. of visits to Ante-natal Clinic	4,810
No. of patients responsible for such visits	962
No. of infant deaths (N.N.D.)	26
No. of intern deliveries	850
No. of maternal deaths	Nil.
No. of extern deliveries	Nil.

(No extern Maternity Service other than
Ante-natal Clinic.)

SCHOOL MEDICAL SERVICE.

CATHERINE M. O'BRIEN, M.B., D.P.H., B.SC.(P.H.).

> " But public health now implies far more than a pure water and food supply, a good drainage system and empty fever and tuberculosis hospitals ".
>
> Lord Adrian.

The average number of pupils on Rolls in Primary National Schools in the Republic of Ireland for the year ended 30/6/'55 was 479,487. The number of pupils on Rolls in Secondary Schools was 56,411. The average number of pupils on Roll, and in attendance, in Dublin County Borough, for the same period, was 86,821. There has been a further increase in the school population in Dublin County Borough, and the number of children in attendance at schools here, is almost a quarter of the whole of the Republic of Ireland. 2,145 of these children in the city National Schools are under six years of age or over fourteen. During the year ended 31st December, 1956, the School Health Service Staff carried out School Health Inspection of the pupils in sixty-seven of the schools situated within the Dublin County Borough, and 25,171 children were examined. Tables in this report show the schools visited and the defects found. Some of the schools where Health Inspection was carried out last year were the same as those visited in 1953, and a certain number of the children examined were the same children who were seen three years previously, but this only applies to less than half the schools and less than half the children. Findings, therefore, in both these years, are not strictly comparable. Last year, a number of Residential Schools were due for Medical Inspection. These " Special " Schools are now recognised as National Schools in the Republic, and it is pleasing to note the care and attention that is given to the children in these " Special " Schools, both Day and Residential. The statistics shown in this year's Report are, of course, affected by the number of these " Special " Schools visited. It is only schools for the Physically Handicapped which are situated within the City Boundary.

THE MOTHER AND CHILD HEALTH SERVICES REGULATIONS.

The Mother and Child Health Services Regulations have been in operation since the 1st August, 1954, and the School Health Service (Examination and Treatment), is carried on under this scheme. Treatment is provided for defects found during the course of School Health Examination under the Hospital and Specialist Service arrangements of the Dublin Corporation. There is no Means Test in the case of children examined during the course of routine School Health Examination.

HANDICAPPED CHILDREN.

In accordance with the provisions of the Health Act, 1953, handicapped children can now be admitted to " Special " Residential Schools without a Means Test, provided that the child was in attendance at a National School and examined by a Doctor on the occasion of a School Health Examination. This has facilitated parents and simplified the question of training and education of handicapped children, but low-grade mental defectives and severely crippled or deaf mute children, are unlikely to be found in attendance at a National School. The progress made during the past ten years in the provision for handicapped children is most encouraging. Parents are gradually coming to realise that these special facilities have been provided for the benefit of handicapped children, mental and physical, and they are less reluctant to utilise these facilities than heretofore. The provision of Day " Special " Schools and Centres is welcomed by many parents who are not willing to let their helpless children go to Residential Schools, even though regular visiting and holidays at home are included. The devotion of parents to handicapped children is indeed wonderful. Mothers never complain about the constant demands made upon them, sometimes night and day.

The numbers attending the Child Guidance Clinic in Orwell Road have steadily increased during the year 1956, and parents and children have been helped enormously by the Service. The Central Remedial Clinic is now approved as a National School, and the Committee is to be congratulated on providing a mid-day meal for children who attend there, and for arranging transport. Reference has been made in previous Reports to the excellent work also done at St. Brendan's, Sandymount Avenue, which has already been recognised as a National School, and provides treatment, training and education for " Spastics ". The number of such children appears to be on the increase. The discovery and ascertainment of handicapped children has become more general within the last decade, and with newspaper, etc., publicity, and the practical example of improvement in other children, the former hesitation in accepting training and treatment is gradually decreasing. Indeed, the problem sometimes may be to quell excessive optimism and to gently dissuade parents of grossly feebleminded children from expecting a cure. Even to benefit by attendance at one or other of the various Centres would be quite difficult, if not impossible, unless a child's intelligence is sufficient to co-operate with the training and education available at such Centres. The National Rehabilitation Association has been ascertaining the number and type of Handicapped Children, physical and mental, and this in turn will lead to extended and specialised provision for the various types and categories of defective children.

NUTRITION.

In his report on the heights and weights of school pupils in the County of London, 1954, Dr. Scott notes that " it is appreciated that the method of measurement is open to criticism, and has, in fact, been criticized on the grounds that clothing, and even the contents of pockets, vary considerably between

TABLE I

AVERAGE HEIGHT OF ALL BOYS EXAMINED IN DUBLIN
CITY NATIONAL SCHOOLS DURING YEARS 1944-'49... — —

AVERAGE HEIGHT OF ALL BOYS EXAMINED IN DUBLIN
CITY NATIONAL SCHOOLS DURING YEARS 1950-'56... ——

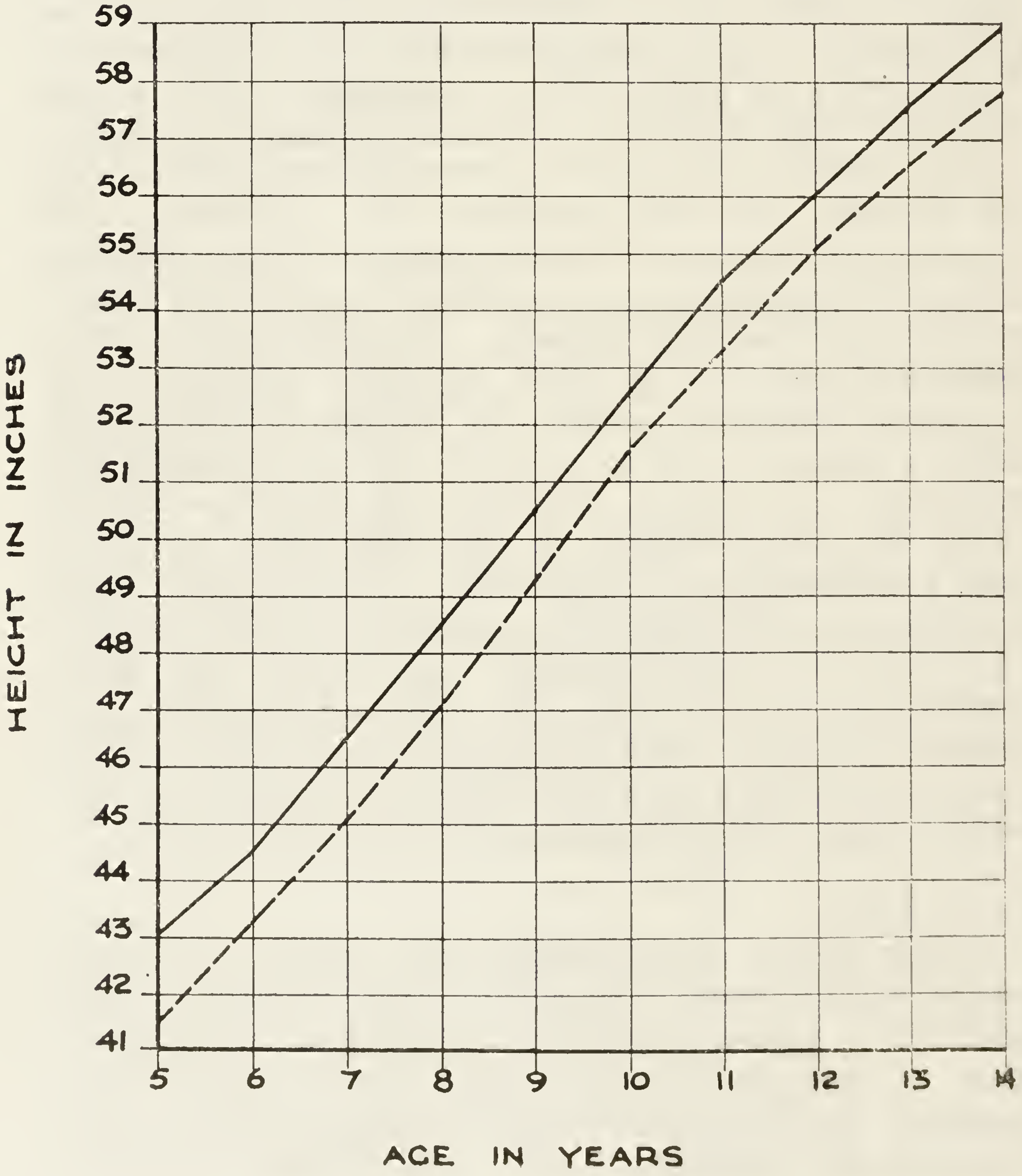


TABLE 2

AVERAGE HEIGHT OF ALL GIRLS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1944 - '49... — —

AVERAGE HEIGHT OF ALL GIRLS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1950 - '56... ———

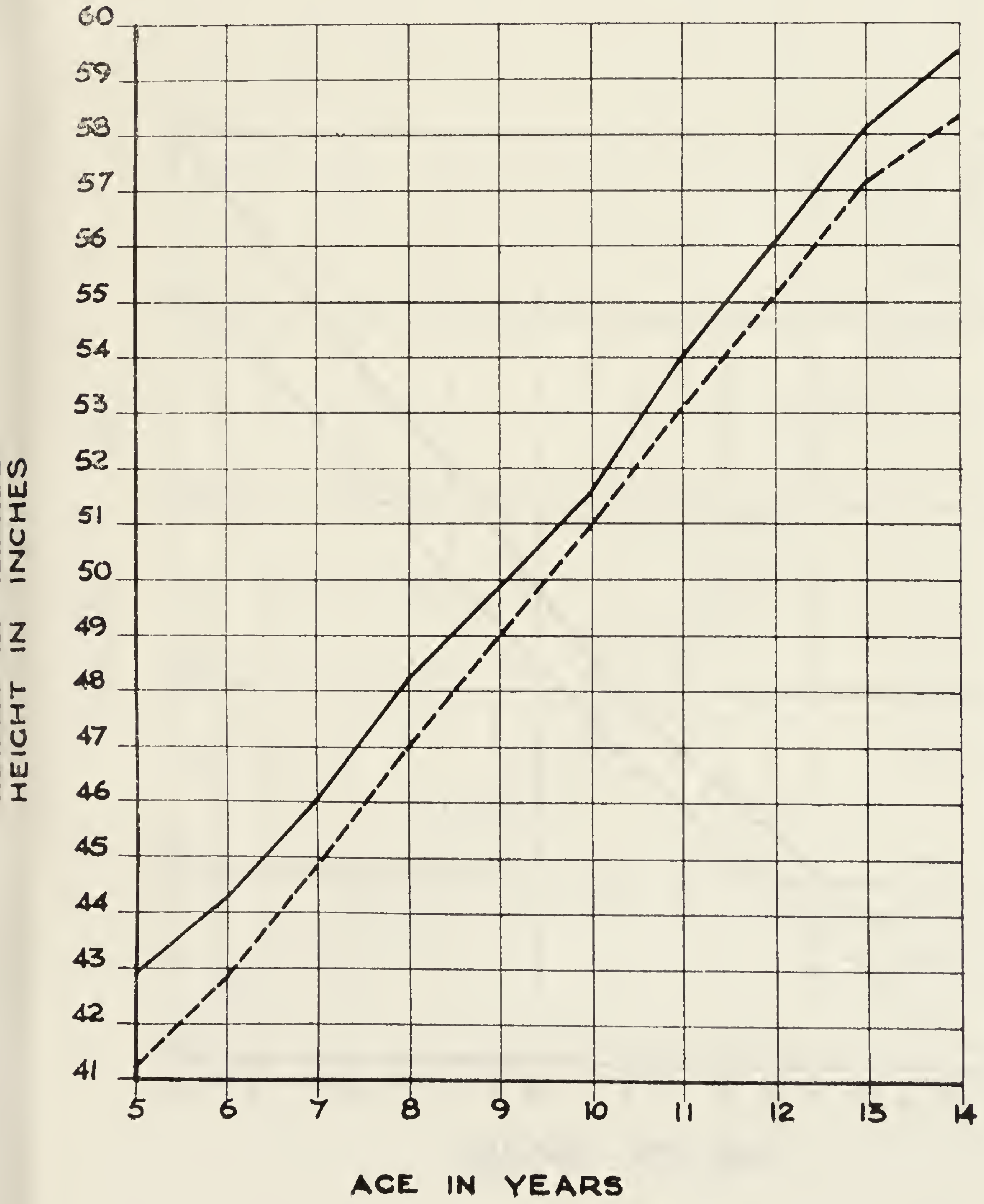


TABLE 3

AVERAGE WEIGHT OF ALL BOYS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1946-'49... — —

AVERAGE WEIGHT OF ALL BOYS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1950-'56... ——

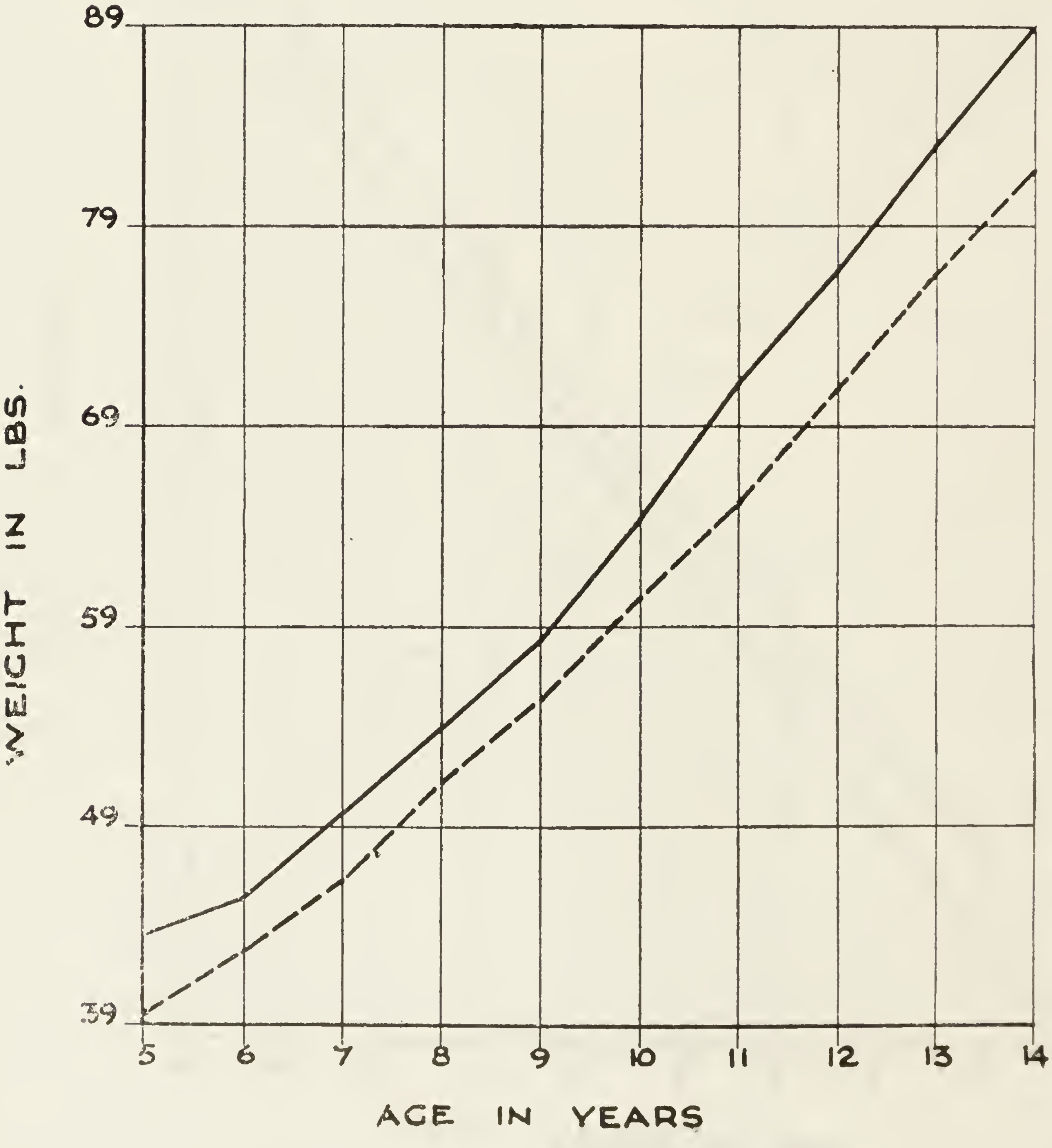
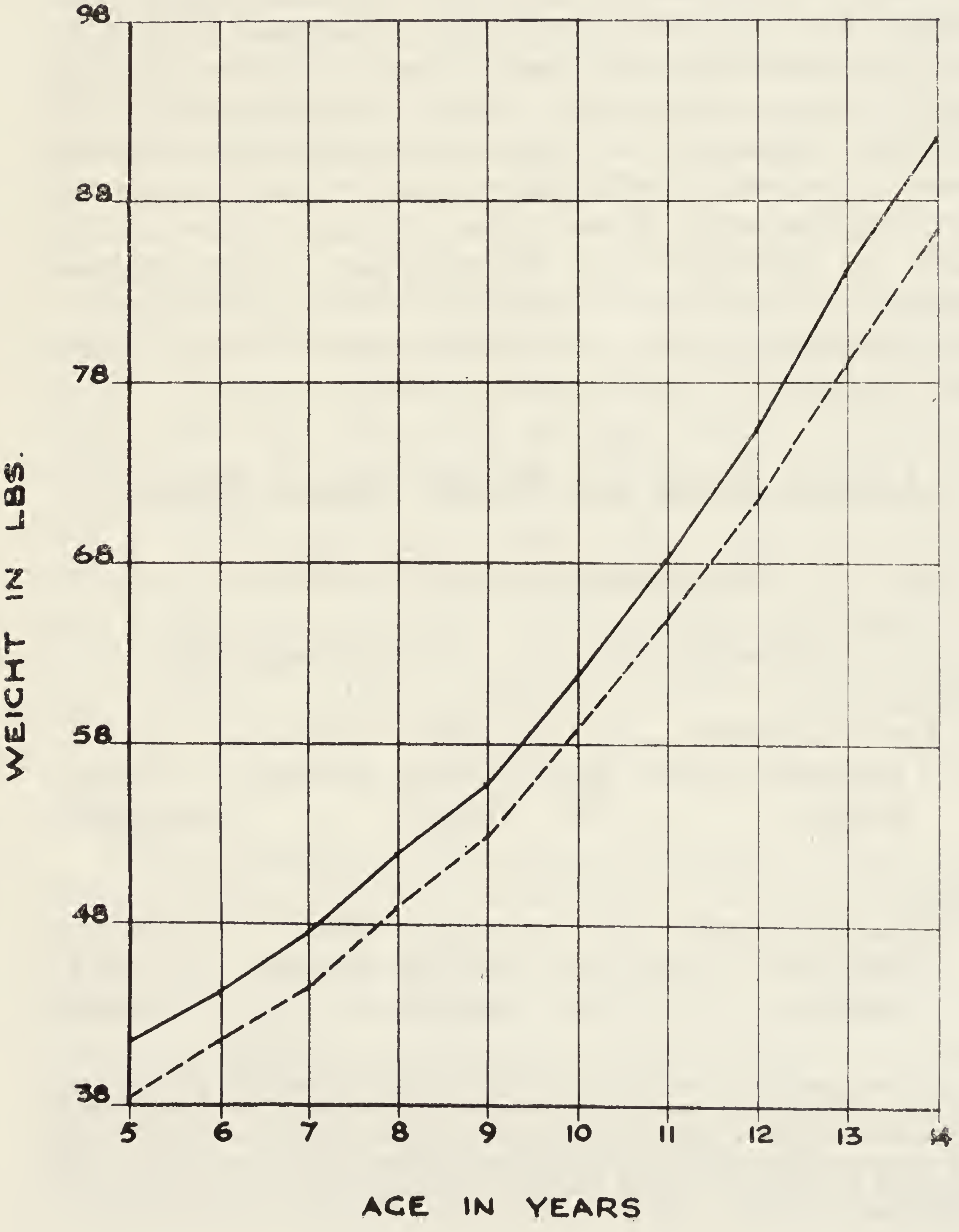


TABLE 4

AVERAGE WEIGHT OF ALL GIRLS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1946 - '49... — —

AVERAGE WEIGHT OF ALL GIRLS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING YEARS 1950 - '56... ——



children, and that measurement of height is a skilled technique, but the main object of the survey was to effect a comparison with previous ones and hence, administrative convenience apart, it was done on the same, though possibly imperfect basis as in the past—in any case, the numbers measured were deemed adequate to minimise the effect of such chance variations ". The method of recording heights and weights of school children in Dublin has been in operation since 1936, but it is only since 1944 that the system for ascertaining the average height and weight for age and sex of pupils examined in Dublin National Schools has been in use. Tables showing the average height and weight for age and sex of children examined in the city National Schools last year are included in this Report, and we have compared our findings with those in the County of London, as well as Sheffield and Birmingham. The Annual Report of the School Medical Officer, Manchester, too, records an all over improvement in the height and weight of school-going children.

Average Height and Weight—School Children.

Manchester/Dublin—1955.

Dublin.		Manchester.*	
Boys :			
Age—13 years		Age—13*.	
Weight in lbs.	85	Weight in lbs.	89
Height	58″	Height	59·2″
Girls :			
Age—13 years.		Age—13*.	
Weight in lbs.	86	Weight in lbs.	98·1
Height	58″	Height	60·1″

* These are the results of the findings in 375 boys and 375 girls between the ages of 13 and 14 years in three parts of Manchester which were taken as representative of the school population. The figures for Dublin were the average height and weight of all the children in that age group, 1955, inspected in the city National Schools during the year 1955, 1,770 boys and 1,545 girls.

In Manchester they have noted a marked difference between the years 1933 and 1955, the average weight having increased from 79·2 lbs. to 89·5 lbs., and the average height from 55·5 ins. to 59·2 ins. The figures, too, show that the girls are taller and heavier than the boys by ·9 ins. and 8·6 lbs. respectively.

The Principal School Medical Officer for the city of Birmingham notes in his Annual Report a survey of 15,000 school children which was undertaken between the years 1952 and 1953, for it was considered that, in general, the heights and weights of children bear a relation to their physical fitness. Dr. Cohen notes that the findings for the various classes of schools are of special interest. He goes on to say—" Progressive diminution in height and weight through the grades is a problem which may have to be considered with regard to such factors as socio-economic conditions and physiological maturity ".

In his report on the heights and weights of school pupils in the County of London—1954, the Principal School Medical Officer notes that " between the years 1949 and 1954, the average height of London school boys has increased by about ·59 inches, and their average weight by about 3·3 lbs. In the case of school girls, there have been lesser gains of about ·39 ins., and 2·2 lbs. The relationship between height and weight has remained substantially unchanged ". In the 1954 survey, L.C.C., the children were measured and weighed in their ordinary indoor clothing, but without footwear. Heights were recorded to the nearest centimetre, and weights to the nearest 1/10 kilogramme.

Better housing, better school premises, these are factors which influence the health of the school-going population. Good food and adequate sleep are of paramount importance. The Report of the Department of Health for the year 1954/1955 notes that of 150,000 children examined in the schools in the Republic, 14,597 were found to be suffering from infestation. The incidence of uncleanliness of the hair of school girls is gradually decreasing, but it is a regrettable possibility that some children's hair may become infested because of the carelessness of others.

The Rev. Managers and Teachers in the city National Schools have always received us very kindly, and we return our sincere thanks to them for the help given to us in our work. Since the School Health Service was first introduced in Dublin in 1928, they have facilitated us in every way, and we ask them to accept our deepest gratitude. Schools are visited in order to give protective treatment to pupils against infectious disease, and there are the X-Ray sessions, as well as School Health Inspections, but the teachers never seem to grumble. We hope that the better physical and mental health of the children will be some small reward for their wholehearted interest in the welfare of their pupils.

A special tribute is paid to all the Voluntary Organizations in the city. They are always prepared to assist, and their generous aid is so readily available. The members of Voluntary Organizations in Dublin are tireless in their efforts, even though the demands made upon them seem to increase, rather than diminish, each year. We take this opportunity of formally acknowledging our debt of gratitude to them, and we ask them to accept our tribute of praise and thanks.

I have to thank the Staff, Medical, Nursing and Clerical, for their work and loyal co-operation during the year.

SCHOOLS INSPECTED DURING 1956.

Larkhill	Boys Girls Infants
School Street	Boys Girls Infants
Ballyfermot Convent	Girls Infants
Donnycarney C.B.	Boys
Donnycarney Convent	Girls Infants
Artane (Residential)	Boys
Donore Avenue C.B.	Boys
St. Mary's Residential School for the Blind.	Boys Girls Infants
St. Joseph's Residential School for the Blind	Boys
Nth. Gloucester Street	Boys Girls Infants
Mountjoy St., St. Mary's	Boys Girls Infants
Beaver Row	Boys Girls Infants
Irishtown	Boys Girls Infants
St. Anthony's Residential School, Herbert Avenue.	Boys Girls Infants
Sherrard Street	Boys Girls Infants
Leeson Park	Boys Girls Infants
Hill Street	Girls Infants
Lr. Rutland Street	Boys Infants
North Strand	Boys Girls Infants
Northumberland Road	Boys Girls Infants
Raheny No. 1 Raheny No. 2	Boys Girls Infants
Harold's Cross, Mt. Jerome	Boys Girls Infants
Donnybrook	Boys Girls Infants
King's Inn Street	Girls Infants
St. Joseph's Residential School for Deaf Mutes.	Boys
Dorset St., St. Francis Xavier.	Girls Infants
Donore Avenue, St. Catherine's.	Boys Girls Infants
Bloomfield Avenue	Boys Girls Infants
Blackpitts Boys	Boys
Nth. Richmond St. C.B.	Boys
Glasnevin C.B.	Boys
Weaver Square	Girls Infants
Cabra West	Boys
Gardiner Street	Girls Infants
Crumlin, St. Agnes'	Girls Infants
Lindsay Road	Boys Girls Infants
The Burrow, Sutton	Boys Girls Infants
Church Avenue	Boys Girls Infants
Leeson Lane	Girls Infants
Sandymount Convent	Girls Infants
Killester Convent	Girls Infants
Killester Boys	Boys
Howth	Boys Girls Infants
Seville Place Convent	Girls Infants
Belgrove	Boys Girls Infants
Inchicore Model	Boys Girls Infants
Sandymount Boys	Boys
Greenlanes	Boys Girls Infants

Rialto Boys	Boys	Glasnevin Model ...	Boys
Goldenbridge N.S. (day)	Girls Infants	Drumcondra, St. Patrick's	Boys
Goldenbridge N.S. (Residential)	Girls Infants	Stanhope St. Convent ...	Girls Infants
Cabra Convent ...	Girls Infants	Phibsboro', St. Peter's ...	Boys Girls Infants
Clarendon St. Convent ...	Girls Infants	Francis Street ...	Girls Infants
Inchicore Oblate ...	Boys	Milltown Boys ...	Boys
St. Canice's C.B. ...	Boys	Parnell Road C.B. ...	Boys
Marino, St. Mary's C.B.	Boys	Drimnagh Boys ...	Boys
Nth. Brunswick St. C.B.	Boys	Drimnagh Convent ...	Girls Infants

DEFECTS FOUND DURING YEAR ENDED 31st DECEMBER, 1956.

Total number examined during the year, 25,171.

DEFECTS	Defects Requiring Treatment	Defects Requiring Observation
Speech	190	231
Mental Condition	41	121
Hearing	217	105
Vision	4,742	4,011
Clothing	676	2,889
Footgear	783	4,779
Hair and Scalp } Uncleanliness. ...	857	2,817
Body }	251	2,756
Vaccination Nil	22,643	—
Nutrition	438	2,256
Glands Enlarged	93	3,507
Teeth	12,770	1,734
EAR :—		
Otitis Media	52	35
Other Diseases	11	13
NOSE AND THROAT :—		
Enlarged Tonsils and Adenoids ...	2,314	3,917
Other Defects	347	127
EYE :—		
Blepharitis	185	427
Conjunctivitis	63	82
Squint	674	397
Other Diseases	84	126
SKIN :—		
Ringworm, Head	3	5
Ringworm, Body	4	4
Scabies	8	6
Impetigo	54	85
Other Diseases	218	621
HEART AND CIRCULATION :—		
Organic Heart Disease	56	92
Functional Heart Disease ...	13	279
Anaemia	58	1,431
LUNGS :—		
Bronchitis	39	288
Other Defects	42	71
Definite Pulmonary T.B. ...	23	57
Definite Non-Pulmonary T.B. ...	4	2
Suspected Non-Pulmonary T.B. ...	7	4
Referred for Medical Examination	1,770	650
NERVOUS SYSTEM :—		
Epilepsy	3	1
Other	41	187

DEFECTS	Defects Requiring Treatment	Defects Requiring Observation
DEFORMITIES :—		
Rachitic	4	165
Spinal Curvature	2	6
Other	137	510
POSTURAL DEFECTS :—		
Round Shoulders	185	3,325
Scoliosis	15	139
Flat Feet	486	1,991
OTHER CONDITIONS :—		
Infectious Diseases	4	17
Rheumatism/Chorea	7	78
Rickets	34	1,805
Hernia	4	13
Other Diseases	184	870

DEFECTS TREATED—SCHOOL CHILDREN, 1956.

Skin	EXTERN :	
	Xeroderma	1
	Naevus	1
	Ichthyosis	4
	Psoriasis	14
	Scabies	2
	Ringworm Scalp	9
	Ringworm Body	19
	Impetigo	37
	Eczema	7
	Furunculosis	3
	Verrucae	33
	Dermatitis	42
	Alopecia	16
	Acne	6
	Other Conditions	96
	Visits to O.P.D.	966
	INTERN :	
	Psoriasis	2
Eye	EXTERN :	
	Defective Vision (including Squint) ...	1,362
	Blepharitis	17
	Conjunctivitis	13
	Styes	7

	Phlyctenular Disease	3
	Corneal Ulcer	2
	Cyst	1
	Chalazion	5
	Dacryocystitis	1
	Visits to O.P.D.	138
	INTERN :	
	Squint Operations	166
	Cataract	1
	Corneal Ulcer	1
	Enucleation	3
	Diathermy	1
	Ptosis	6
Ear	EXTERN :	
	Otitis Media	26
	Defective Hearing	4
	Mastoid	6
	Aural Polypus	1
	Otorrhoea	8
	Visits to O.P.D.	107
	INTERN :	
	Mastoid	7
	Polypus	1
	Otorrhoea	3
Nose & Throat	EXTERN :	
	Sinusitus	7
	Sore Throat	5
	Antrum Infection	37
	Nasal Discharge	15
	Visits to O.P.D.	106
	INTERN :	
	Sinus Infection	7
	Epistaxis	3
	Tonsil and Adenoid Operations	1,624
Orthopaedic	EXTERN :	
	Club Feet	14
	Pes Planus	65
	Pes Cavus	9
	Hallux Valgus	3
	Hammer Toes	1
	Genu Valgum	7
	Genu Varum	2
	Perthes Disease	1

Coxa Vara	1
Congenital Dislocation of Hip	3
Round Shoulders	44
Scoliosis	15
Kyphosis	4
Sprengel's Deformity	1
Torticollis	6
Rachitic Chest	1
Contracture of Limb	1
Sequelae of Poliomyelitis	69
X-Ray Examinations	242
Attendances for Physiotherapy	4,840

INTERN :

Perthes	10
Congenital Dislocation of Hip	12
Osteochrondritis	3
Scoliosis	5
Kyphosis	1
Club Feet	11
Hammer Toes	7
Hallux Valgus	11
Ganglion	2
Synovitis	1
Exostosis	2
Pes Planus	3
Neuroma	1
Genu Valgum	2
Spastic Paralysis	6
Sequelae of Poliomyelitis	70
Torticollis	4
Fragilitas Ossium	1
Webbed Fingers	2
Muscular Dystrophy	1
Osteomyelitis	1
Adhesion	1

ORTHOPAEDIC APPLIANCES SUPPLIED (including renewals and Repairs) 737

ATTENDANCES AT CEREBRAL PALSY CLINIC :...

No. of Patients	96
No. of Attendances (total)	7,795

SPECTACLES, ETC.

Spectacles Supplied	3,015
Spectacles Repaired	2,577
Occluders Supplied	18
Artificial Eyes Supplied	4

ATTENDANCES

Ear, Nose and Throat Clinic ...	4,099
Orthopaedic Clinic	21

CHILD GUIDANCE CLINIC:

Number of Patients who attended during the year	174.

TREATMENT OF HANDICAPPED CHILDREN.

Physically Handicapped.

ADMITTED TO RESIDENTIAL SCHOOLS DURING THE YEAR:

St. Joseph's School for the Blind, Drumcondra.	Boys	5
St. Mary's School for the Blind, Merrion Road.	Girls	Nil
St. Joseph's School for Deaf/Deaf Mute, Cabra.	Boys	6
St. Mary's School for the Deaf/Deaf Mutes, Cabra	Girls	4

Epileptics.

Blessed Oliver Plunket Colony, Mulhuddart.	Boys	3

Mentally Handicapped.

Admitted to St. Vincent's Home, Navan Road, Cabra ...	31
Admitted to St. Augustine's Colony, Blackrock ...	30
Admitted to Glenmaroon	15
Admitted to Clonsilla	29
Admitted to Drumcar	16
Admitted to Celbridge	20

Hospital Schools—ADMITTED DURING THE YEAR:

Linden	102
Cabinteely	68
Orthopaedic Hospital, Clontarf	46
Plus I.S.A. Admission Scheme, 1956	17
,, Sequelae A.P.M. Admission Scheme	40
St. Mary's Open-air Hospital, Cappagh	9
Orthopaedic Open-air Hospital, Baldoyle	41

Convalescent Homes.

Cheeverstown	149

DUBLIN CITY NATIONAL SCHOOLS—AVERAGE HEIGHT AND WEIGHT FOR AGE AND SEX OF THOSE CHILDREN WHO WERE EXAMINED DURING THE COURSE OF ROUTINE SCHOOL MEDICAL EXAMINATION, YEARS 1953 AND 1956.

Age in Years	Height in Inches				Weight in Lbs.			
	Girls		Boys		Girls		Boys	
	1953	1956	1953	1956	1953	1956	1953	1956
5	43	42½	43	43½	41	40½	43	44
6	45	44	44	44½	44[illegible]	44	47	7
7	46	46	47	46½	47[illegible]	48	50	50
8	48	48	48	48½	52	53	53	54½
9	50	48½	50	50½	56	55	58	60½
10	52	49	52	53	62	59	64	66½
11	54	54	54	55	67	69½	69	73½
12	56	56	55	56½	74	77	74	80
13	58	58½	57	85	84	86	81	85½
14	60	59½	59	58	92	92½	87	88½

Number of children examined in 1953	... ...	20,903
Number of children examined in 1956	... ...	25,171

AVERAGE HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN—DUBLIN & LONDON, 1949.

Girls.

Age in Years	Average Height in Inches		Average Weight in Lbs.	
	Dublin	London	Dublin	London
5	39½	—	37	—
5½	—	43¼	—	42¼
6	39¼	—	39	—
6½	—	45½	—	46¾
7	43	—	43	—
7½	—	47¾	—	51½
8	45½	—	48	—
8½	—	50	—	57½
9	48	—	53	—
9½	—	52	—	63¾
10	49½	—	57	—
10½	—	54¼	—	70¾

Age in Years	Average Height in Inches		Average Weight in Lbs.	
	Dublin	London	Dublin	London
11	51¾	—	63	—
11½	—	56¼	—	79¼
12	54	—	70	—
12½	—	58½	—	89½
13	57	—	79	—
13½	—	60½	—	100¼
14	58¾	—	87	—
14½	—	62	—	110

Boys.

5	41	—	42	—
5½	—	43½	—	43¼
6	43	—	41	—
6½	—	45¾	—	47¾
7	44¾	—	45	—
7½	—	48	—	53
8	48	—	51	—
8½	—	50¼	—	59
9	49	—	56	—
9½	—	52¼	—	65
10	51½	—	61	—
10½	—	54¼	—	71¼
11	54	—	64	—
11½	—	56	—	77¼
12	56	—	69	—
12½	—	57¾	—	84½
13	57	—	75	—
13½	—	60	—	94¼
14	58	—	82	—
14½	—	62½	—	105¼

DENTAL SERVICE.

G. Hyland, Chief Dental Officer.

Eleven dental surgeons were treating school children, pre-school children and mothers, and one dental surgeon was employed in T.B. work. There were five dental surgeons attending at the Dental Clinic, Cornmarket. The remainder were working in the following clinics: Killarney Street, Larkhill, Howth, Crumlin, Curlew Road and Keogh Square.

The dental surgeon doing the T.B. work attends St. Mary's Chest Hospital, Ballyowen Sanatorium, the James Connolly Memorial Hospital and also the Tuberculosis Clinic in Charles Street. Crooksling Sanatorium was closed towards the end of the year and as a result the dental surgeon has been able to give extra time in treatment at the other Sanatoria. During the year there were 5,720 attendances—661 fillings were done and 794 dentures were given, among other treatment.

The number of attendances for mothers in the General Dental Service for the year was 8,351. This is an increase on last year's figures of 470. The total number of dentures supplied was 1,374 which shows a decrease of 62 cases on last year's figures. The number of fillings is approximately the same as last year. In addition to the dentures for mothers we also supplied 152 dentures for school children.

The number of attendances of pre-school children was 2,333, which shows an increase of 449 on last year's figures. We welcome this increase as it shows that the mothers are taking advantage of the service offered to them.

The number of attendances of school children in 1955 was 40,127. This year the number increased to a total of 43,775. The total number of fillings in 1955 was 10,555. The total number of fillings this year, including temporary fillings, was 11,030. Larkhill Dental Clinic is working satisfactorily. The dental surgeon attending also visits Howth Clinic one morning each week. As this is a small clinic it is proposed to do a dental school examination of the Howth schools and those in the Baldoyle area. This personal contact of the dentist may have the desired effect of bringing about an increase in the attendance.

The total number of gas sessions for the year was 412—seven sessions per week in Cornmarket and two per week in Crumlin Clinic. The average attendance per session was 12 patients. The anaesthetists were Dr. T. Gilmartin and Dr. P. Nagle, whose valuable services were much appreciated.

The Dental Clinic in Curlew Road is doing good work and not only supplies dentures to the mothers and children attending but also supplies dentures to patients sent from Crumlin Clinic. The dental surgeon did a school dental examination in the School of Our Lady of Good Counsel—ages 6 to 8 years and the nine year group. The number of children examined was 591. 439 of these required treatment—treatment being confined to the permanent teeth except in cases where immediate treatment was required for the temporary teeth. The number of cavities charted for fillings was 1,084. The dental examination, which lasted two hours each time, took place once a week for 11 weeks. Appointments are being sent to these children. The intention is that when treatment is finished for these children, they will return annually until they leave school.

The Killarney Street dental clinic is working well—being situated in a densely populated area it is only able to attend to a portion of those requiring treatment and as a result a great number have to wait a considerable time before receiving treatment. Additional dental clinics are urgently needed in the north side of the city.

Arrangements have been made to transfer the dental equipment from Crooksling Sanatorium to the new dispensary at Ballyfermot which is in the process of construction and which will be ready for occupation in the early Summer. A similar dispensary is being built in Finglas but will not be ready for some months after the Ballyfermot dispensary is opened. However, when both of these proposed new dental clinics are in working order they will be of great benefit to the local residents requiring dental treatment and they will take from the numbers attending the existing dental clinics, thereby reducing the interval between the time of the School Health Examination and the time of receiving treatment.

I wish to take this opportunity of thanking the dental surgeons, the anaesthetists, nurses and all the staff of the Dental Service for their loyal co-operation during the past year.

Dental Treatment	Mothers	Pre-School Children	School Children	T.B.
Attendances	8,351	2,333	43,775	5,720
EXTRACTIONS :—				3,928
Local Anaesthetic ...	5,736	281	28,507	
General Anaesthetic ...	4,084	7,036	18,740	
Fillings	483	33	10,997	661
Scalings, Polishings, Gum Treatments, Dressings and Applications and Sundry	1,280	306	9,018	586
Examinations	1,890	1,719	14,254	793
X-Ray	24	—	290	—
Dentures Supplied ...	1,374	—	152	794

REPORT ON OPERATION OF MIDWIVES ACT, 1944, AND THE REGISTRATION OF MATERNITY HOMES ACT, 1934,

BY

Miss E. M. Blayney, S.R.N., S.C.M.,

Deputy Inspector of Midwives.

Midwives Act, 1944.

During the year 1956, two hundred and twenty-two (222) Midwives notified their intention to practice within the area of the Local Authority. The Midwives were visited throughout the year in their homes, attention being given to personal cleanliness, condition of their homes and appliances, bag contents, etc. The Registers of births attended by Midwives were examined, and, with a few exceptions, found to be correctly kept.

No Midwife was reported for a breach of the Rules, and no unregistered woman found practising.

The total number of visits made to Midwives and Nursing Homes, was nine hundred and forty-one (941).

The number of Homes registered in the City on 31/12/'56 was twenty-six (26), plus four Maternity Hospitals.

Nursing Homes closed	1
New Nursing Homes registered	1

The standard and condition of the Homes generally, was satisfactory.

Maternal Deaths	17
Infant Deaths	366
Stillbirths Notified	31
Notification of Infection	4
Notification of Artificial Feeding	10

VERGEMOUNT FEVER HOSPITAL.

F. N. Elcock, L.R.C.P.S.I., D.P.H.,

Resident Medical Superintendent.

During the year ended 31st December, 1956, one thousand six hundred and eighty cases were admitted to Vergemount Fever Hospital. 157 cases remained in Hospital at the close of the year 1955, and the total number under treatment was 1837. There were 37 deaths and 1,694 were discharged cured.

The mortality rate for all cases under treatment was 2·01 per cent. as compared with 1·62 per cent. in 1955 and 1·72 per cent. on 1954.

The number of admissions for the year showed a decrease of 233 from the previous year. Measles, whooping cough, scarlet fever and diphtheria accounted for over fifty per cent. of the total admissions. Diphtheria shows an increase over the previous year. Table 9 shows the fall in incidence (years 1943–1948) and the recent rise in incidence during the past three years.

Doctors W. McQuillan and P. McNally left the staff to take up other medical posts. Dr. Raymond McQuillan and Dr. B. M. Murray were appointed in their places.

Numerous repairs were carried out both in the Hospital and Nurses' Home during the year. One Block (Ward Block) was again closed for the year and was held ready for admission of cases of Smallpox or suspected cases.

Clinical instruction in Infectious Diseases was again given to students of National University, Trinity College, Royal College of Surgeons and also to candidates seeking the Diploma in Public Health and Child Health. Clinical examinations in Fevers for both the Diploma in Public Health and Child Health were held in June and December.

The ambulance service for St. Clare's Hospital was again continued throughout the year. Cases of

Gastro-Enteritis (under 2 years) were admitted to Vergemount Fever Hospital, when beds were not available in St. Clare's Hospital.

I would like to thank the Medical and Clerical staffs for their loyal co-operation during a busy year. My thanks are also due to Mr. T. A. Bouchier Hayes (Surgeon); Dr. A. Mooney (Ophthalmic Surgeon); Mr. D. P. Murray (Orthopaedic Surgeon); Dr. C. D. O'Connell (Ear, Nose and Throat Surgeon) and to Dr. Stritch (City Bacteriologist).

The nursing of the patients has been efficiently carried out under the supervision of Miss M. J. Cusack, Matron. In conclusion, I wish to thank Dr. J. B. O'Regan, City Medical Officer and his staff for their help during the year.

TABLE 1.

SHOWING THE NUMBER OF ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEAR ENDING 31ST DECEMBER, 1956.

Disease	Number of Cases Admitted	Number Died	Case Mortality
Measles	314	5	1·59
Pertussis	266	8	3·07
Scarlet Fever	175	—	—
Acute Tonsillitis/Streptococcal Throat	151	—	—
Diphtheria	142	9	6·33
Rubella	130	—	—
Diarrhoea and Enteritis (under 2 years)	80	6	7·50
Varicella	51	—	—
Croup/Acute Laryngo-Tracheo Bronchitis	47	1	2·12
Erysipelas	20	1	5·00
Infective Hepatitis ...	19	1	5·26
Epidemic Parotitis ...	14	—	—
Meningism	11	—	—
Meningitis (see Table 10) ...	10	3	30·00
Enteritis (over 2 years) ...	10	—	—
Impetigo Contagiosa ...	9	—	—
Dysentery (Flexner) ...	9	—	—
Infective Mononucleosis ...	8	—	—
Dysentery (Sonne) ...	6	—	—
Scabies	6	—	—
Influenza	4	—	—
Poliomyelitis	3	—	—
Influenzal Pneumonia ...	3	—	—
Lobar Pneumonia	3	—	—
Tinea Capitis	2	—	—
Enteric Fever	2	—	—
Malaria	1	—	—
Food Poisoning	1	—	—
Miscellaneous	183	3	1·60
TOTAL ...	1,680	37	2·20

SCARLET FEVER.

One hundred and seventy-five cases were admitted for treatment which shows a decrease of 63 from the previous year. There were no deaths.

The type of Scarlet Fever as in recent years continues to be of a mild type. Five cases of Surgical Scarlet Fever were admitted together with occasional cases of subtoxic and subseptic types.

The following complications were noted in some of the cases :—

ADENITIS, RHINITIS, OTITIS MEDIA, ABSCESSES, WHITLOWS, ARTHRITIS, ENDOCARDITIS, ALBUMINURIA, PYELITIS.

TABLE 2.

SHOWING THE NUMBER OF SCARLET FEVER CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1956.

	0—4	5—9	10—14	15—24	25 and over	Total
Male ...	38	30	8	6	2	84
Female	19	38	26	5	3	91
Total	57	68	34	11	5	175

TABLE 3.

SHOWING THE NUMBER OF SCARLET FEVER ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940–56.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940	172	2	1·16
1941	167	—	—
1942	291	—	—
1943	129	—	—
1944	129	—	—
1945	123	—	—
1946	103	—	—
1947	171	—	—
1948	1,148	—	—
1949	841	1	0·12
1950	695	—	—
1951	346	—	—
1952	292	1	0·34
1953	381	—	—
1954	309	—	—
1955	238	—	—
1956	175	—	—
TOTAL ...	5,708	4	0·07

MEASLES.

Three hundred and fourteen cases were admitted, which shows a decrease of 133 from the previous year. There were five deaths, giving a mortality rate of 1·59 per cent. as compared with 0·45 per cent. in 1955 and with 1·11 per cent. in 1954.

Of the five deaths, one was a baby of 10 months (6 days ill before admission) admitted in a collapsed condition who died within 5 days from Bronchopneumonia and cardiac failure; the second a baby of 1½ years (7 days ill before admission) admitted in a distressed condition due to acute Laryngo-tracheobronchitis—a tracheotomy was performed but the patient failed to respond to treatment and died three days after admission; the third, a baby of one year, complicated by whooping cough and Bronchopneumonia died 7 days after admission; the fourth, a baby of eight months, who developed Bronchopneumonia and acute miliary Tuberculosis and died on the 17th day of disease; and the fifth, a child of three years (mentally deficient) who did not respond to treatment and died on 7th day of disease from Bronchopneumonia and Enteritis.

The type of measles admitted during the year was a severe one, especially among infants who required expert nursing which could not have been given to them in their homes—some of them required early oxygen and many required a long convalescence in hospital following chest complications.

The following complications occurred in some of the recovered cases:—

BRONCHITIS, LARYNGITIS, BRONCHOPNEUMONIA, BRONCHIECTASIS, ADENITIS, ENTERITIS, CONJUNCTIVITIS, STOMATITIS, RHINITIS.

TABLE 4.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1940–1956.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940	46	4	8·70
1941	108	7	6·48
1942	45	3	6·97
1943	13	—	—
1944	45	—	—
1945	81	2	2·47
1946	70	7	10·00
1947	250	7	2·80
1948	140	5	3·57
1949	196	4	2·04
1950	340	5	1·47
1951	243	3	1·23
1952	250	3	1·20
1953	363	6	1·65
1954	538	6	1·11
1955	447	2	0·45
1956	314	5	1·59
TOTAL ...	3,487	69	1·97

PERTUSSIS.

Two hundred and sixty-six cases were admitted during the year, showing a decrease of 5 from the previous year. There were eight deaths, giving a mortality rate of 3·07 per cent., as compared with 1·47 per cent. in 1955 and with 1·78 per cent. in 1954.

Two of the fatal cases were under 3 months and the remaining 6 cases were under 9 months. An analysis of these fatal cases shows that one, a baby of 5 weeks (1 week ill before admission) who was underweight, collapsed during a spasm and died fourteen days after admission ; the second case, a baby of 10 weeks (3 weeks ill before admission) complicated by Enteritis, died on the fourth week from Bronchopneumonia ; the third case, a baby of 4 months (congenital heart) died from Enteritis ; the fourth case, a baby of 6 months (3 weeks ill before admission) was admitted in a moribund state and died fourteen hours after admission ; the fifth case, an undernourished baby of 6 months (2 weeks ill before admission) died as a result of Bronchopneumonia complicated by Enteritis ; the sixth case, a baby of 8 months (Hydrocephalus) died from convulsions after a severe spasm ; the seventh case, a baby of 8 months (2 weeks ill before admission) admitted in a collapsed state died within two days from a severe prolonged convulsive fit ; and the eighth case, a baby of 9 months (Cerebral Palsy) did not respond to treatment and died from convulsions due to cerebral haemorrhage.

The newer antibiotics would seem to give the best results provided that patients are admitted in the early stages of the infection. The majority of the cases admitted to this hospital were in the second and third weeks of their illness.

While the newer antibiotics have lowered considerably the fatality rate, they have not shortened the period of convalescence ; in fact complications and sequelae still give rise (in spite of all modern treatment) to long periods of invalidism.

The complications noted in some of the recovered cases were as follows :—

BRONCHITIS, BRONCHOPNEUMONIA, STOMATITIS, LARYNGITIS, ENTERITIS, RHINITIS, OTITIS MEDIA, EPISTAXIS, SUBCONJUNCTIVAL HAEMORRHAGE, ULCER FRAENUM TONGUE.

TABLE 5.

SHOWING THE NUMBER OF PERTUSSIS CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1956.

	0—1	2—4	5—9	10 and over	Total
Male ...	99	25	7	—	131
Female ...	93	30	12	—	135
TOTAL ...	192	55	19	—	266

TABLE 6.

SHOWING THE NUMBER OF WHOOPING COUGH ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1940–1956.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940	25	5	20·00
1941	69	11	15·95
1942	64	16	25·00
1943	10	1	10·00
1944	12	2	16·66
1945	42	6	14·28
1946	110	22	20·00
1947	108	46	22·48
1948	49	4	8·16
1949	161	23	14·28
1950	199	10	5·02
1951	188	8	4·25
1952	267	2	0·75
1953	276	6	2·17
1954	56	1	1·78
1955	271	3	1·10
1956	266	8	3·07
TOTAL ...	2,273	177	7·78

DIPHTHERIA.

One hundred and forty-two cases were admitted which shows an increase of 89 over the previous year. There were nine deaths giving a mortality rate of 6·33 per cent., as compared with 11·32 per cent. in 1955.

It was noted that one case was admitted on the tenth day of illness; one on the seventh day; one on the fifth day; one on the fourth day; and five on the third day.

The greatest number of admissions occurred in the 5–9 age group.

TABLE 7.

SHOWING THE NUMBER OF DIPHTHERIA CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1956.

	0—4	5—9	10—14	15—24	25 and over	Total
Male ...	10	34	11	—	1	56
Female	19	51	12	3	1	86
TOTAL	29	85	23	3	2	142

TABLE 8.

SHOWING AN ANALYSIS OF DEATHS FROM DIPHTHERIA FOR THE YEAR 1956.

Ref. No.	Age and Sex	Immunised	Days ill before Admission	OBSERVATIONS
13	3 years Female	No	5	Bull neck diphtheria—died on 15th day of disease from acute toxic myocarditis.
201	5 years Female	No	7	Bull neck diphtheria—died on 17th day of illness from acute toxic myocarditis.
216	1½ years Male	1 injection	11	Moribund on admission—Tracheotomy performed—temporary relief only—died 4 hours after admission.
438	7½ years Male	No	3	Haemorrhagic Diphtheria—Died 9 days after admission—no response to treatment.
541	7½ years Male	1 injection	3	Haemorrhagic diphtheria—died 3 days after admission.
737	5 years Female	No	3	Haemorrhagic diphtheria—died 6 days after admission.
761	8 years Female	No	3	Bull neck diphtheria—Palatal Paresis—7th day. Pharyngeal Paralysis—29th day. Diaphragmatic paralysis 30th day. Bulbar paralysis 31st day. Died on 32nd day.
1293	7 years Female	No	4	Haemorrhagic diphtheria—Died on 8th day from acute toxic Myocarditis.
321	6 years Male	No	3	Bull neck Diphtheria—very toxic on admission—acute cardiac failure and death on the third day after admission.

TABLE 9.

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS FOR THE YEARS 1939–1956.

Year	Number of Cases Admitted	Number Died	Case Mortality
1939	214	32	14·95
1940	155	19	12·25
1941	118	15	12·62
1942	309	25	8·09
1943	671	37	5·51
1944	569	37	6·50
1945	234	14	6·00
1946	59	2	3·40
1947	30	2	6·33
1948	8	2	25·00
1949	—	—	—
1950	—	—	—
1951	—	—	—
1952	—	—	—
1953	1 (Carrier)	—	—
1954	26	4	15·38
1955	55	6	11·32
1956	142	9	6·33
TOTAL ...	2,588	204	7·85

DIARRHOEA AND ENTERITIS (UNDER TWO YEARS).

Eighty patients were admitted for treatment. There were six deaths giving a mortality rate of 7·50 per cent. as compared with 11·25 per cent. in 1955. The type of Enteritis was a severe one and many babies under two months were attacked. Of the deaths, one a baby of 3 months, died on the third week ; the second, a baby of 2 months, died on seventh week from Marasmus ; the third a baby of 5 months, lived for only thirteen hours after admission ; the fourth, a baby of 3 months, complicated by Asthma died in the eighth week from Marasmus ; the fifth, a baby of 3 months, moribund on admission lived for only four hours after admission ; and the sixth, a baby of 15 months, moribund on admission lived for only two hours after admission.

MENINGITIS.

Ten cases of Meningitis were treated during the year and were classified as follows :—

TABLE 10.

Type	Number	Deaths	Case Mortality
Tuberculous	4	1	25·00
Pneumococcal	2	—	—
Meningococcal ...	1	—	—
H. Influenzal	1	—	—
Staphylococcal ...	1	1	100·00
Purulent*	1	1	100·00

* No organism isolated

One death in the Tuberculosis cases occurred in a baby (3 weeks ill before admission) who died 5 days after admission ; Myco-Tuberculosis was cultured from Cerebro-Spinal fluid.

Two deaths were due to Purulent Meningitis ; in one case, a pure culture of Staphylococcus Aureus grew on culture ; but, in the second case no organism was found to grow on culture.

TABLE 11.

SHOWING THE NUMBER OF TUBERCULOUS MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1944–1956.

Year	Number of Cases Admitted	Number Died	Case Mortality
1944	13	13	100·00
1945	28	28	100·00
1946	13	13	100·00
1947	15	15	100·00
1948	5	5	100·00
1949	1	1	100·00
1950	6	6	100·00
1951	6	6	100·00
1952	6	5	83·33
1953	12	7	58·33
1954	10	1	10·00
1955	5	2	40·00
1956	4	1	25·00

TABLE 12.

SHOWING THE NUMBER OF MENINGOCOCCAL MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1944–1956.

Year	Number of Cases Admitted	Number Died	Case Mortality
1944	17	2	11·76
1945	10	—	—
1946	6	—	—
1947	13	2	15·38
1948	6	1	16·66
1949	3	1	33·33
1950	10	—	—
1951	13	1	7·70
1952	15	2	13·33
1953	12	—	—
1954	8	3	37·50
1955	5	1	20·00
1956	1	—	—
TOTAL ...	119	13	10·92

ENTERIC FEVER.

Two cases were admitted—one a man of 56 years due to Salmonella Typhi infection (Vi positive untypeable)—the other, a girl aged 17 years, also due to Salmonella Typhi infection (phage Type Fi). Both made good recoveries.

ERYSIPELAS.

Twenty cases were admitted showing an increase of seven from the previous year. Eighteen were of the facial type and the remaining two were crural in origin. One case a woman of 50 years died from acute toxic myocarditis.

INFECTIVE HEPATITIS.

Nineteen cases were admitted showing an increase of three over the previous year. There was one death —a baby of six months who died on 19th day of disease.

INFECTIVE MONONUCLEOSIS.

Eight cases were admitted showing a decrease of four from the previous year. All made good recoveries.

VARICELLA, MUMPS AND RUBELLA.

Fifty-one cases of Varicella, fourteen cases of mumps, and one hundred and thirty cases of rubella were admitted during the year. All made good recoveries.

DYSENTERY AND BACTERIAL FOOD POISONING.

Fifteen cases of Dysentery were admitted ; nine being caused by Shig. Flexner type and six being due to Shig. Sonnei type. All made good recoveries. One case of food poisoning (Salm. Typhi Murium) was admitted and recovered.

IMPETIGO CONTAGIOSA.

Nine cases were admitted—all made rapid recoveries due to the modern antibiotic treatment.

CROUP (LARYNGITIS) AND ACUTE LARYNGO-TRACHEO-BRONCHITIS.

There were thirty-six cases of Croup (Catarrhal Laryngitis) and eleven cases of Acute Laryngo-Tracheo Bronchitis admitted. All these were admitted as cases of Laryngeal Diphtheria. There was one death in a baby of 7 months complicated by Bronchopneumonia.

INFLUENZA, INFLUENZAL PNEUMONIA, LOBAR PNEUMONIA AND BRONCHOPNEUMONIA.

Four cases of Influenza were treated and all recovered. Three cases of Influenzal Pneumonia were treated and recovered. Three cases of Lobar Pneumonia (Primary) also recovered. One case of Bronchopneumonia was admitted—a baby of 1 year who died after thirty-six hours from acute cardiac failure.

MENINGISM.

Eleven cases were admitted during the year. These were admitted as cases suffering from either Tuberculous Meningitis or Cerebro-Spinal Fever. All made rapid recoveries. Some of these cases may have been abortive poliomyelitis.

ACUTE TONSILLITIS/STREPTOCOCCAL SORE THROAT.

One hundred and fifty-one cases were admitted as suffering from either Diphtheria or suspected cases of same. The majority of these cases simulated closely clinical cases of mild diphtheria and it was necessary to carry out bacteriological examinations before they were fit for discharge and finally confirmed as non-diphtheritic infections.

MALARIA.

One case admitted—a man from West Africa (suspected of Enteric Fever infection) who recovered. " Signet ring forms of Malarial parasites " were found in the blood.

TINEA CAPITIS.

Two cases were admitted—both severe infections which cleared up slowly with treatment.

POLIOMYELITIS.

Three cases were admitted as suffering from Cerebro-spinal Fever. Two of these were transferred to the Dublin Fever Hospital and the third case (non-paralytic Poliomyelitis) discharged after a short stay in hospital.

MISCELLANEOUS CASES.

One hundred and eighty-three cases were admitted as suffering from various infectious ailments. There were three deaths. The details were as follows :—

1. Cerebral Embolism and chronic Endocarditis in a woman of 25 years, admitted as Influenzal Pneumonia.

2. Staphylococcal Pneumonia in a baby of 1 year admitted as a case of Dysentery.
3. Bronchopneumonia in a baby of 1 year admitted as a case of Diphtheria.

TRANSFER OF CASES TO OTHER HOSPITALS.

Dublin Fever Hospital	Two cases of Poliomyelitis.
St. Michael's Hospital, Dun Laoghaire.	One case of acute appendicitis.
Mercer's Hospital	One case of Peritonitis.
do.	One case of Emphysema (lung).
St. Ultan's Hospital	One case of Eczema.
National Children's Hospital, Harcourt St.	One case of Bronchiectasis

ADMISSIONS.

1939	593
1940	744
1941	1,144
1942	1,146
1943	1,348
1944	1,591
1945	1,303
1946	1,106
1947	1,407
1948	2,245
1949	1,808
1950	1,898
1951	1,569
1952	1,611
1953	1,817
1954	1,697
1955	1,913
1956	1,680

TUBERCULOSIS CLINICS.

In my report for the year 1955 I stated that a tuberculosis register was in the process of being remoulded in a form suitable for day to day checking of such changing factors in the patients welfare as come to notice in routine clinic practice. The Register for the whole city is now available in such a form and shows the following salient features. The total number of cases of tuberculosis of adult disease and of pulmonary and non-pulmonary type is 7,243 and of childhood (under 15) disease, i.e., Primary and Non-pulmonary lesions is 1,504 making a total of 8,747 cases.

It is obvious when one gives definite figures like the above the criteria on which cases have been adjudged should be laid down and I do so now.

A case of pulmonary tuberculosis on the register is one with clinical and/or radiological signs of tuberculosis which during the five previous years has shown sputum or discharge, positive for tubercle bacilli, or which with negative bacteriological findings has shown some exacerbation of the previous X-ray or clinical findings during the same five year period.

A case of non-pulmonary tuberculosis is placed on the register on clinical diagnosis and removed on clinical diagnosis of quiescence.

Primary disease is registered on similar criteria of clinical and radiological signs of activity as the non-pulmonary case.

In the table setting out the contents of the Register certain symbols are used as under :—

+++	....	Positive sputum on direct exam.
++	....	Positive sputum culture.
+	....	Positive Laryngeal Swab.
—	....	Negative sputum on direct exam.
=	....	Negative sputum culture.
≡	....	Negative Laryngeal Swab.

Tabulating that 329 male and 242 female on the register with positive sputum in 1955 means that the last positive bacteriological result in the cases on the

Register was a positive direct examination in 1955 and that other things being equal, they may expect to be discharged from the register in three more years. Similarly those with negative sputum have never exhibited a positive sputum at all. This figure together with that for no sputum report may appear large but with the modern rapid attack of the early disease with antibiotic and other treatment, the positive bacteriological findings are becoming more rare than heretofore.

	Total Register of Patients of Adult Clinics.			
Classification	Male (adult)	Female (adult)	Male (under 15)	Female (under 15)
1956 +++ ...	304	152	—	—
++ ...	76	39	—	—
+ ...	45	39	—	1
1955 +++ ...	329	242	—	—
++ ...	58	43	—	—
+ ...	37	38	—	1
1954 +++ ...	357	272	—	2
++ ...	48	51	—	—
+ ...	35	69	—	—
Pre 1954 +++ ...	719	622	—	1
++ ...	56	63	1	—
+ ...	48	52	—	—
Negative Sputum — ...	115	108	1	1
= ...	266	188	1	—
≡ ...	235	411	2	3
No Sputum Report ...	576	631	32	35
Total ...	3,304	3,020	37	44
Meningitis	7	22	10	5
Spine	64	95	8	7
Hip	52	51	12	19
Knee	29	36	13	6
Elbow	6	4	—	—
Other Joint	25	29	2	2
Bone	17	11	4	3
Abdominal	28	50	7	4
Renal	63	41	2	—
Epididymitis	18	—	—	—
Salpingitis	—	37	—	—
Cervical Glands	45	103	19	13
Other Non-Pulmonary T.B.	45	41	4	1
Total	399	520	81	60

Last year the highlight of the Annual Report was the amazing drop in deaths as tabulated below.

1951	434
1952	307
1953	268
1954	236
1955	154

It is gratifying to be able to report that in the year under review, although the trend was no longer steeply downward the figures remained at the low level—slightly below indeed—of 1955, being a total of 149. Table 1 sets these out in age, sex and site distribution.

Meningitis deaths have increased from 5 to 9, but the significance of this is doubtful when such small numbers are involved. They still remain in the under 4 years age group and are a grim pointer to the need for continual attack on early case finding, especially among young contacts of infectious cases.

The age incidence of deaths still veers to the older age group primarily in the males where the bulk of the major group (over 64) is male. This no doubt, reflects the fact that the female tends to be eliminated in the childbearing age groups of ten or fifteen years previously. The comparison between gross male and female pulmonary deaths of 1955 and 1956 shows a remarkable shift to the male component.

	Male	Female
1955	82	59
1956	97	37

Young adults are again shown to be relatively safe as the youngest death was, as last year, a 19 year old female.

	Males	Females	Total
Pulmonary Disease	97	37	134
Non-pulmonary Disease	4	2	6
Meningitis	3	6	9
TOTAL	104	45	149

TABLE 1.

	YEARS																		
	–1	–2	–3	–4	–5	–9	–14	–19	–24	–29	–34	–39	–44	–49	–54	–59	–64	64+	Total
Pulmonary T.B. :—																			
Male ...	–	–	–	–	–	–	–	–	1	3	6	3	9	9	9	14	16	27	97
Female ...	–	–	–	–	–	–	–	1	1	2	4	4	5	7	1	1	5	6	37
Non-Pulmonary T.B. :																			
Male ...	–	–	–	1	–	–	–	–	–	1	–	1	–	–	–	1	–	–	4
Female ...	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	2
Meningitis:																			
Male ...	2	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3
Female ...	2	3	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6
	4	3	1	2	–	–	–	1	2	6	10	9	14	16	10	16	21	34	149

Below is set out the position relating to new cases diagnosed and coming under notice during 1956 in the adult and primary clinics. The total gross figure of 1,293 shows a drop over 1955. This drop, though heartening, is in my opinion, not an absolute indication of the beginning of a trend. Rather it can be taken as evidence of the holding in check of numbers of new diagnoses. Lately, Mass X-Ray surveys have been carried out in previously untapped sources and they have reaped a large harvest of unknown cases. Each year some new factor such as this arises and balances out other sources which may have dried up.

Table II sets out these new diagnoses of adult cases (Primary cases are covered in a separate table) in a similar manner to last year, e.g., age and sex groups in 5 year periods, infectivity on diagnoses and in the case of non-pulmonary conditions—site of infection, including meningitis. In this latter condition as mentioned last year, meningitis still forms as high as 6% of non-pulmonary disease in the young adult female notifications. The corresponding figure among the males is nil.

Of the pulmonary cases the percentage of cases being diagnosed with positive direct sputum, i.e., cases with a pointer towards relative activity is 36% in males and 20% in females, still large figures when it is remembered how active propaganda for Mass X-Ray, etc., is at the present time. The pattern of pulmonary diagnoses conforms still to the recognised pattern—more male than female and heaviest in the 15–35 age groups. Whereas in females the curve still has the central hump, at this age period the males are tending to flatten out, though here it is a flattening at a higher figure rather than a cutting off of the hump itself. In other words, more cases are coming to notice after 40 years of age in the male group than previously. Primary disease in the post 15 age group makes quite a notable figure in the female group and may be responsible for the meningitis rate already referred to.

Erythema Nodosum, so common in Scandanavia, is practically non-existent here.

The non-pulmonary new diagnoses are tabulated in Table II b. The male table shows the most common site to be Renal which with associated genital tuberculosis makes up over 30% of the new cases. Females still retain in the middle age groups a preponderance of genital infection. As mentioned last year, when the figure for " abdominal " tuberculosis in the young female is taken into account, the toll of sterility in these cases must be very high.

1.	Hospital or sanatorium	40·1%
2.	Applied	2·4%
3.	Transferred into the area	2·9%
4.	Private Doctor	30·4%
5.	Contact Investigation	2·0%
6.	School Medical Service	·5%
7.	Mass Radiography	21·7%

The above show in tabular form the sources of the new cases diagnosed during the year 1956. As was evidenced in last year's report, the majority of patients arrive under our care referred from general hospitals, while the private doctor and Mass Radiography make this total up to over 90% of all new cases. Compared to last year the percentage of cases referred directly by private doctors has increased by 13% while the general hospitals' references have dropped. This is not of real significance however, as doctors have many of their patients X-Rayed first in general hospitals.

The continued swing away from artificial collapse measures towards " ambulant " chemotherapy continues as is shown in the figures below. The figure of 16,684 for chemotherapeutic work for the year 1956 shows how widespread this type of treatment now is, even after the patient has been in a sanatorium.

	1954	1955	1956
A.P. and P.P. Refills	9,395	5,575	1,698
Chemotherapy	3,339	11,810	16,684

TABLE II (A).

Table showing new Cases of Respiratory Tuberculosis in Age Groups and Infectivity on Diagnosis.

MALE.

1956	–1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–	Total	Per-centage
Positive direct	–	–	–	1	4	17	15	11	10	19	23	13	16	21	15	165	36·6%
Positive culture	–	–	–	–	–	7	1	1	4	4	4	1	1	–	–	23	5·1%
Positive L. Swab	–	–	–	–	–	1	1	2	–	1	2	2	–	–	–	9	2·0%
Negative direct	–	–	–	2	10	23	15	15	7	11	15	45	8	11	7	139	30·8%
Negative culture	–	–	–	–	6	6	4	3	4	5	10	1	6	5	6	56	12·4%
Negative L. Swab	–	–	–	–	1	8	5	3	3	–	–	1	–	1	1	23	5·1%
TOTAL	–	–	–	3	21	62	41	35	28	40	54	33	31	38	29	415	92·0%
Pleural effusion	–	–	2	4	3	5	2	–	–	1	–	–	–	–	–	17	3·8%
Erythema Nodosum	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	·2%
Miliary T.B.	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	·2%
Primary	–	–	1	6	4	3	2	1	–	–	–	–	–	–	–	17	3·8%
TOTAL	–	–	3	10	7	8	5	2	–	1	–	–	–	–	–	36	8·0%
GRAND TOTAL	–	–	3	13	28	70	46	37	28	41	54	33	31	38	29	451	100%
											GRAND TOTAL FOR 1955					681	

TABLE II (A).

Table Showing New Cases of Respiratory Tuberculosis in Age Groups and Infectivity on Diagnosis

FEMALE.

1956		–1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–	Total	Per-centage
Positive direct ..	....	–	–	–	1	11	11	14	1*	10	7	5	3	3	2	4	84	20·9%
Positive culture	....	–	–	–	1	2	1	4	3	1	–	1	1	–	3	–	17	4·2 %
Positive L. Swab	.	–	–	–	–	1	3	2	3	2	1	–	–	2	–	–	14	3·5%
Negative direct	....	–	–	–	5	40	43	26	5	16	11	3	5	2	1	6	163	40·5%
Negative culture	....	–	–	–	1	2	6	3	5	4	4	4	2	3	–	–	34	8·5%
Negative L. Swab	....	–	–	–	1	4	8	6	4	3	2	–	1	2	1	1	33	8·2%
TOTAL	....	–	–	–	9	60	72	55	33	36	25	13	12	12	7	11	345	85·8%
Pleural effusion	....	–	–	–	1	5	7	–	1	2	–	–	–	1	–	–	17	4·2%
Erythema Nodosum	....	–	–	–	2	4	–	1	–	–	–	–	–	–	–	–	7	1·7%
Miliary T.B.	....	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	33%
Primary	....	–	–	1	3	11	7	2	2	1	–	–	–	–	–	–	32	8·0%
TOTAL	....	–	–	1	11	20	15	3	3	3	–	–	–	1	–	–	57	14·2%
GRAND TOTAL		–	–	1	20	80	87	58	36	39	25	13	12	13	7	11	402	100%
												GRAND TOTAL FOR 1955					409	

TABLE II (B).

TABLE SHOWING NEW CASES OF NON-RESPIRATORY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION

MALE.

1956	-1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–	Total	Per-centage
Meningitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bones and Joints—																	
(a) Spine	–	–	–	–	1	–	–	1	1	–	–	–	–	–	–	3	6·7%
(b) Hip	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	2·2%
(c) Knee	–	–	2	1	–	2	–	–	–	–	–	–	1	–	–	6	13·4%
(d) Elbow	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	2·2%
(e) Other Joint	–	–	–	–	1	–	–	–	–	1	–	–	–	–	–	2	4·4%
(f) Bone	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	2	4·4%
Abdominal	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	2	4·4%
Renal	–	–	–	1	1	4	1	–	1	–	1	–	1	–	–	10	22·2%
Epidiomitis	–	–	–	–	–	–	1	1	3	–	–	–	–	–	–	5	11·1%
Salpingitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
Cervical Glands	–	–	1	–	3	–	–	–	–	2	–	–	–	–	1	7	15·6%
Other Non-Pulmonary	–	–	–	–	–	–	1	1	–	2	–	1	–	–	1	6	13·4%
TOTAL	–	–	4	4	8	6	3	3	5	5	1	1	3	–	2	45	100%
													TOTAL FOR 1955			99	

TABLE II (B).

Table Showing New Cases of Non-Respiratory Tuberculosis in Age Groups and Site of Infection

FEMALE.

1956		–1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–	Total	Per-centage
Meningitis	....	–	2	–	–	–	1	1	1	–	–	–	–	–	–	–	5	6·6%
Bones and Joints— (a) Spine	....	–	–	–	–	2	2	1	–	–	–	–	1	1	–	–	8	10·4%
(b) Hip	....	–	–	1	1	–	2		–	1	–	–	–	–	1	–	9	11·8%
(c) Knee	....	–	–	–	3	–	–	–	–	–	–	1	–	–	–	–	1	1·3%
(d) Elbow	....	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
(e) Other Joint	...	–	–	–	–	–	–	–	1	–	3	–	–	–	1	–	5	6·6%
(f) Bone	....	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
Abdominal	....	–	–	–	1	1	–	1	–	1	–	–	–	–	–	–	4	5·3%
Renal	....	–	–	–	–	–	1	1	1	3	1	1	–	1	–	–	10	13·2%
Epidiomitis	....	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
Salpingitis	....	–	–	–	–	1	1	6	4	1	–	–	–	–	–	–	13	17·2%
Cervical Glands	....	–	–	–	2	1	2	4	1	1	–	1	–	–	–	1	13	17·2%
Other Non-Pulmonary	....	–	–	–	–	1	–	2	2	1	–	–	1	1	–	–	8	10·4%
TOTAL ...	....	–	2	1	7	7	9	17	10	8	4	3	2	3	2	1	76	100%

TOTAL FOR 1955 84

Table III showing attendances at the Clinics during each month of year 1956.

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January ...	1,367	624	409	1,413	3,813
February ...	1,302	693	363	1,419	3,777
March ...	1,242	732	350	1,512	3,836
April ...	1,215	772	406	1,533	3,926
May ...	1,315	876	468	1,642	4,301
June ...	1,310	749	375	1,613	4,047
July ...	1,258	813	443	1,526	4,040
August ...	1,081	665	526	1,181	3,453
September ...	1,277	800	549	1,232	3,858
October ...	1,463	1,070	615	1,520	4,668
November ...	1,375	986	664	1,356	4,381
December ...	986	752	499	1,091	3,328
TOTAL ...	15,191	9,532	5,667	17,038	47,428

Table IV showing new attendances at the Clinics during each month of year 1956.

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January ...	107	65	12	153	337
February ...	120	48	14	109	291
March ...	148	33	11	171	363
April ...	160	79	38	240	517
May ...	161	59	28	190	438
June ...	137	64	22	214	437
July ...	134	84	23	154	395
August ...	98	34	29	108	269
September ...	139	51	22	66	278
October ...	152	64	36	55	307
November ...	126	63	24	130	343
December ...	95	35	6	66	202
TOTAL ...	1,577	679	265	1,656	4,177

TABLE V.

Number of dwellings notified for disinfection	915
Number of X-Rays done during 1956 at Charles St. Clinic	10,541
Number of X-Rays done during 1956 at Crumlin Clinic	2,319
Number of children X-Rayed at Lord Edward Street	3,137
Number of Deaths from Tuberculosis	149

The Oto-Laryngologist, Mr. C. O'Connell, held 54 sessions and there were 1,564 attendances.

The Orthopaedic Surgeon, Mr. D. P. Murray, held 28 sessions and there were 282 attendances.

Mr. Casey, Surgeon Dentist, held 54 sessions and there were 1,004 attendances.

WAITING LIST.

In 1956 the average waiting time for a female patient was nil. All during the year beds were immediately available in all of three sanatoria, so that a choice of accommodation was possible. On the male side, the position was nearly as good. At no time was it necessary for a patient to have to wait more than a week for admission to a sanatorium bed.

In September, Crooksling Sanatorium was closed and the patients there, all male, were transferred to St. Mary's Chest Hospital and the James Connolly Memorial Hospital. Although this did have the effect of slowing up the male admissions for a month or so, by November the waiting time for males was steady at one week. All in all, this state of affairs is very satisfactory and everything points to the bed situation easing even more in the coming year.

TABLES OF PRIMARY CLINIC.

MALE

AGE GROUPS	0–1	1–2	2–3	3–4	4–5	5–10	10–15
Ordinary Primary T.B. ...	7	20	19	24	17	62	19
Miliary T.B.	1	–	–	–	1	–	–
T.B. Meningitis	–	–	–	–	–	3	–
Pulmonary T.B. (Adult Type)	–	–	–	–	–	–	–
Pleural Effusion	–	–	–	1	–	1	3
Eyrthema Nodosum ...	–	–	2	1	–	4	2
Phlyc. Conjunctivitis ...	–	–	1	–	–	–	–
C. Adenitis	–	–	–	–	1	3	1
A. Adenitis	–	–	–	–	–	1	–
T.B. Peritonitis and Intestingal T.B.	–	–	–	–	–	1	–
Orthopaedic	–	–	–	–	–	2	2

FEMALE

Age Group	0–1	1–2	2–3	3–4	4–5	5–10	10–15
Ordinary Primary T.B. ...	5	10	15	10	15	41	4
Miliary	–	1	–	–	–	–	–
T.B. Meningitis	–	1	–	1	–	1	–
Pulmonary T.B. (Adult Type)	–	–	–	–	–	–	1
Pleural Effusion	–	–	–	–	–	1	–
Erythema Nodosum ...	–	–	–	2	–	2	3
Phlyc. Conjunctivitis ...	–	1	–	1	–	–	–
C. Adenitis	–	–	–	–	1	1	1
A. Adenitis	–	–	–	–	–	–	–
T.B. Peritonitis and Intestinal T.B.	–	–	–	–	–	–	–
Orthopaedic	–	1	–	1	–	–	2

PRIMARY CLINIC.

The Primary Clinic continues to do good work in the diagnosis and treatment of Primary Tuberculous disease in the city. Tables III and IV. detail the monthly attendances. There has again been a drop in the total number of new cases diagnosed under 15 years of age, 319 cases.

1948	335	1951	802	1954	490
1949	1,279	1952	510	1955	400
1950	759	1953	534	1956	319

6 cases of tuberculous meningitis and 3 cases of miliary disease are the totals of these severe manifestations. The total is less than last year but there were this year, 6 as against 4 cases of meningitis last year. I would suggest that these figures mean that the risk of this dread complication is no greater but unfortunately no less this year than last.

Early diagnosis of the index adult case and vigorous investigation of contacts both from a diagnostic and preventative point of view is reflected in these low case rates. But even greater efforts must be made to try and eliminate these complications altogether.

UNDER 15 YEARS OF AGE TUBERCULOSIS ON REGISTER IN PRIMARY CLINIC

	Male	Female
1. (x) Positive skin test under 2 years of age ...	39	35
(y) Erythema Nodosum	9	7
(z) Phlyctenular conjunctivitis	4	16
(a) Hilar gland enlargement alone	253	184
(b) Pulmonary complex	250	235
(c) Pulmonary complex with atelectasis ...	45	46
2. Pleurisy	30	15
3. Haematogenous disease :—		
(x) Miliary	9	9
(y) Meningitis	15	17
4. Adult Type Disease	2	6
5. Adenitis	16	21
6. Other Non-Pulmonary	7	12

During the year under review, Staff changes in the Clinics occurred as follows :—

In April, Dr. Holmes transferred to James Connolly Memorial Hospital and Dr. Callaghan transferred to the Clinics from James Connolly Memorial Hospital to replace him.

In conclusion I wish to express my sincere thanks to the Medical, Nursing, Clerical and other staffs for the loyal co-operation and assistance which they have given me throughout the year.

Colm S. Gallen,
Assistant City Medical Officer.

B.C.G. VACCINATION SCHEME.

Dr. B. M. Dunleavy, Assistant City Medical Officer.

This was another year of progress in B.C.G. vaccination of the 0–5 age-group and the teenagers. There was a total of 52,624 attendances. Following a publicity drive, by means of a Radio talk and advertisements in the three Dublin evening papers, additional clinics were set up in August to increase the vaccination of special age-groups. The response in the 0–5 age-group was good. Special efforts were made to give B.C.G. protection to young adults and a special evening clinic was arranged in the Carnegie Centre, Lord Edward Street. The hours are such that they may attend the Clinic on their way home from work in the evenings. Every attention was given to the vaccination of school leavers in the Primary, Secondary and Vocational schools, to Civil Service personnel, to Garda recruits and Nursing and Medical students. Throughout the year the school programme was concentrated on pupils from 10 years upwards.

The success of B.C.G. vaccination work in children which has helped to bring about such spectacular decreases in the city childhood tuberculosis deaths has given incentive to the drive to immunise the age-group passing from childhood to youth. A decade ago 16·35% of the city's annual deaths from tuberculosis occurred in children—in 1956 the figure was only 6·4%. The childhood tuberculosis deaths continues the story of previous annual reports—no deaths in the B.C.G. vaccinated children from tuberculosis. For the past two years we have had only one tuberculosis death in the 5–15 age-group. Mortality from tuberculosis has decreased so much that the disease appears to be chained. As the strength of a chain depends on its weakest link, we must examine our chain of defence in the search for any weakness.

Dublin Co. Borough contains approximately 18·6% of the population of Eire, and if tuberculosis deaths were evenly distributed, it would be expected that 18·6% of the tuberculosis mortality would be recorded in Dublin. However, the 1956 tuberculosis figures show that 22·83% of the adult tuberculosis deaths of Eire occurred in Dublin City, so that adults resident in the city were exposed to more serious tuberculosis risk than adults resident outside this area.

In 1947, Dublin children were in the same unenviable position, but for the past few years, Dublin children have been safer from tuberculosis than children resident outside the city. The weak link in our chain of defence is the adult tuberculosis rate, and to strengthen this weak chain, we strongly advocate that teenagers and young adults avail of B.C.G. protection. The increased percentage of positive reactors in older age-groups gives a smaller field for B.C.G. work, so we urge parents to avail of this immunisation for children before they leave school. During the year, several tuberculin surveys of Civil Service personnel, medical students and Gardai were made, and a random example from these surveys shows that in a group of 794 young adults tested, only 115 or 14·8% were tuberculin negative. This comparatively small group of vaccinations after so much propaganda work, tuberculin testing and time occupied, would be discouraging but for the fact that 115 people gained a high degree of protection, and potential cases of tuberculosis were prevented. In these Tuberculin Surveys of young adults, a number of rural adolescents migrating to the city are tested. Too often, it is the fate and not the ill-luck of the rural worker to become infected with the disease in moving from his rural home to city life. We attempt to protect these young people at their centres of employment and at the special clinic for young adults. Those who wish to emigrate have every opportunity of B.C.G. vaccination and thus obtain a high degree of resistance against Tuberculosis with its hidden threat in city life.

The following table indicates the number of prevaccinal, post-vaccinal tuberculin tests and B.C.G. vaccinations :—

	Pre-Vacc. Tests	B.C.G. Vaccinations	Post-Vacc. Tests
1956	21,393	10,647	18,796

It is stimulating to see that more and more parents have availed of B.C.G. vaccinations for their new-born infants at the Maternity Hospitals. The following figures show the increase in this work in 1956 compared with the previous two years :—

B.C.G. VACCINATIONS AT MATERNITY HOSPITALS.

1954	1955	1956
2,041	2,806	4,203

In 1956, 1,772 follow-up tuberculin tests were made of children vaccinated in the earlier years of the scheme. These tests were most satisfactory as they indicated retention of tuberculin allergy, that is, they had retained the protection of the vaccination.

Tuberculin Surveys with B.C.G. vaccinations and Mass Radiography were carried out at the following Primary, Secondary and Vocational Schools :—

NATIONAL SCHOOLS :

Artane.
Belmont Ave. Girls.
Blacquiere Bridge.
Botanic Ave.
Baggot St.
Basin Lane.
Clareville Road.
City Quay, Boys.
Cabra, St. Finbar's.
Crumlin, St. Agnes'.
Crumlin, C.B.S.
Donnybrook, Boys.
Donnycarney, C.B.S.
Donnycarney, Girls.
Denmark St., Boys.
Denmark St., Girls.
Drumcondra, St Patrick's.
East Wall Convent.
Grantham St.
Grangegorman.
Glasnevin (Holy Faith).
Glasnevin (Sacred Heart).
Georges Hill.
Halston Street.
Haddington Road Boys.
Haddington Road Girls.
Inchicore Model, Boys.
Inchicore Model, Girls.
King's Inn Street.
Leeson Lane, Loreto.
Larkhill, Boys.
Larkhill, Girls.
Meath St., Boys.
Meath St., Girls.

National Schools—*continued*

North Strand N.S.
North William St.
Northbrook Road.
Rathmines, St. Louis.
Synge Street.
Scoil Brighde.
Tranquilla.

Secondary Schools :

Alexandra.
Dublin Diocesan.
Ganzaga College.
High School, Harcourt St.
Ling Institute.
Maryfield College.
Marian College.
Masonic Girls.
Rathfarnham, De La Salle.
St. Joseph's, Baldoyle.
Scoil Enda, Crumlin.
Synge Street.
Terenure College.
Wesley College.

Vocational Schools :

Ballsbridge.
Bolton Street.

Cabra.
Capel Street.
Clogher Road.
Cathal Brugha Street.
Denmark Street.
Harcourt Street.
High School of Commerce, Rathmines.
Mount Street.
Marino.
Parnell Square.

Dr. G. F. Carey and Dr. J. H. Sullivan commenced duty on 26th March and 16th April, 1956, respectively, and Nurse L. Healy took up duty on 15th October, 1956.

It is a pleasure to thank the School Managers and teachers, the Hospital Almoners, our colleagues in the Medical and Nursing Staffs of the City Hospitals and of the associated Corporation Health Services for their valuable help throughout the year. The Medical, Nursing and Clerical Staff of the B.C.G. Clinics have worked with enthusiasm and earned sincere thanks for their loyal co-operation in the year's work.

CENTRAL X-RAY DEPARTMENT.

MICHAEL J. MAGAN, Radiologist.

The scope of Mass Radiography has been further extended in Dublin during the past year. The two mobile X-Ray units which operate in the City and County area were for the most part occupied in visiting factories, institutions and educational establishments throughout the City and at this Department special sessions were held for mothers attending the ante-natal clinics at Maternity Hospitals and also for children referred by the Corporation's B.C.G. Service. While as in previous years public sessions available to all Dublin Citizens were held each Monday afternoon and evening in the Corporation's Lord Edward St. premises, in addition this year extra public sessions were planned in O'Connell Street. A prominent site was secured for one of the mobile X-Ray units adjacent to Nelson Pillar, and there was an extensive publicity campaign carried out. These sessions were held for a period of two weeks in August during the morning, afternoon and evening. The response fully justified the venture, 9,879 persons presenting themselves for X-Ray. It might be of interest to mention that of the 29 males found with active tuberculosis more than half, i.e. 15, were over the age of forty-five years. During the year 1956 64,165 miniature X-Ray examinations were carried out in the City area.

The miniature X-Ray films are read by the Association's radiologists in Tara Street. When a miniature film suggests an abnormality an appointment is arranged for the person concerned to have a full size X-Ray plate taken. These full size X-Ray plate examinations are made with the Corporation's X-Ray plant in Lord Edward Street and the Corporation's radiologist interprets them and arranges whatever action is required. Likely cases of tuberculosis or other conditions needing further supervision or treatment are seen at a weekly Clinic here, and I would like to express our very appreciative thanks to Dr. C. Gallen who attends to this most important aspect of our work. The number of persons found with tuberculosis considered active was 324. In addition 319 persons were discovered with lesions that seemed quiescent but requiring observation. The distribution of active cases among the principal groups was as follows:—

GROUP.	No. of Miniature X-Rays	No. Found Active	No. per Thousand Found Active (Approx.)
General Public and Factories	49,910	248	5
Women attending ante-natal Clinics	3,727	14	4
Children	2,122	51	24
Universities, Tech. Schools and Training Colleges ...	8,406	11	1

The percentage of active tuberculosis cases listed in the first heading above is not a true incidence for the general population as many of these patients are selected cases referred by their own General Practitioners, who are increasingly availing of the Service, and on this account are already suspect.

When there is a suspicion of a neoplasm or of a cardiac abnormality that might benefit by surgery, or of certain other non-tuberculous conditions, arrangements are usually made to refer the individual concerned for additional investigation at the James Connolly Memorial Hospital and we are much indebted to the physicians and surgeons there for their valuable services. It might be of interest to mention that the number of cases listed as neoplasm is seven for this year. This is the lowest for many years, the number for 1955 was twelve.

The Corporation's Large Plate Plant is in addition used for the carrying out of recheck examinations required as a result of previous large plate recalls, the examination of children through the tuberculosis clinics (three sessions per week being devoted to this) and also for the examination of candidates for Corporation Staff.

The number of examinations under the various categories was as follows :—

No. of Large Plate X-Ray Examinations	6,638
Comprised as follows :—	
No. of Large Plate Recalls from Miniature Radiography	1,108
No. of Re-check X-Rays	2,273
Children from Tuberculosis Clinics	3,137
No. of Staff Examinations	120

ST. MARY'S CHEST HOSPITAL.

C. K. MacArdle, M.D., D.P.H., Medical Superintendent.

The number of patients treated in the hospital during the year was 1,433. This represented an increase of 231 above the figure for 1955 and was the largest number in any year so far. The increase was mainly amongst male patients and was due (1) to the transfer of patients from Crooksling following the closing of that institution, (2) admissions from the male waiting list which had grown in the second half of the year, (3) an increase of 100% in the admission of Non-Tuberculous patients. This latter group comprised a total of 85 males and 58 females.

A very noticeable feature amongst tuberculous patients admitted during the year was the high proportion of men over 45 years of age. The figures are as follows :—

	Males (45 yrs. and over)	Females (45 yrs. and over)
1956	38·3%	12·9%
1955	29·9%	12·9%

Treatment.

There was no major change in the medical or surgical methods of treatment for tuberculosis. Rest with chemotherapy was applied in all cases and when these measures appeared insufficient surgery was used in selected cases. The fact that patients from Ballyowen Sanatorium and from Monaghan and Donegal institutions are selected for surgery prior to their admission to St. Mary's, tends to send up our figures for surgery in proportion to our admission.

Nurses Home.

Towards the end of the year the new Home for the Nursing Staff became ready for use. This is capable of accommodating all the Sisters and Nurses and renders it unnecessary for any member of the nursing staff to live out in future. No doubt some will still prefer to find their own accommodation in the city, but for the majority the opening of this new residence has been a welcome change.

The quarters formerly occupied by the nurses is now used by the Domestic Staff.

MEDICAL STAFF.

Dr. Fintan Corrigan who was on the Senior Medical Staff during the year received an appointment as Medical Superintendent of Ardkeen Sanatorium, Waterford. With the closing of Crooksling Sanatorium, Dr. Quigley returned to the Senior Staff in St. Mary's.

I wish to thank the Matron, Miss Cahalan and all branches of the staff for their continued good work and co-operation throughout 1956.

ANNUAL REPORT, 1956.

	Male	Female	Total
Total number of patients treated	712	721	1,433
Total number of admissions	515	389	904
Total number of patients admitted	494	376	870
Total number of discharges	388	468	856
Total number of patients discharged	376	459	835
Total number of deaths	25	15	40
In hospital on 31/12/55	197	332	529
In hospital on 31/12/56	299	238	537

Classification of Patients following Institutional Investigation :

	A1	A2	A3	B1	B2	B3	Non-Pul.	Non-Tub.	Not Classified
Male	37	69	6	15	231	61	1	92	3
Female ...	49	66	5	16	147	41	3	58	4
	86	135	11	31	378	102	4	150	7

Age Groups of Tuberculous Patients on Admission :

	Under 15 yrs.	15/24	25/34	35/44	45/54	55/64	65 and over
Male	5	75	105	76	87	56	19
Female ...	20	99	94	75	23	17	3
	25	174	199	151	110	73	22

Family History :

Male 82 (19·4%). Female 89 (28·9%).

Length of Time in Hospital—Patients discharged during 1956 :

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	over 1 year
Male	11	14	36	32	53	22	28	110
Female ...	8	18	39	41	44	37	45	183
	19	32	75	73	97	59	73	293

Reason for Discharge :

	Medical	Own Accord	Transferred to other hospitals	Dismissed	Died
Male	177	71	53	5	19
Female ...	266	73	76	—	11
	433	144	129	5	30

Condition on Discharge :

	Arrested or Quiescent	Improvement	No Improvement	Worse
Male	104	143	57	2
Female ...	91	291	33	—
	195	434	90	2

Sputum on Discharge :

	Pos. to Neg.	Pos. to Pos.	Neg. Pos. Neg.	Neg. to Neg.	Not Classified	Non T.B.
Male	109	29	2	159	7	82
Female ...	148	19	1	242	5	53
	257	48	3	401	12	135

Classification of Non-Tuberculous Cases Admitted during 1956—85 Male Cases (92 Admissions), 58 Female Cases (61 Admissions) :

	Male.	Female.
Bronchial Carcinoma	35	4
Carcinoma of other organs	5	6
Bronchiectasis	9	13
Lung Abscess	5	2
Sarcoidosis	2	2
Congenital cardiac lesions	3	1
Acquired cardiac lesions	1	5
Asthma	—	3
Pulmonary cystic condition	1	—
Non specific pneumonias	16	5
Tumours or disease of other organs	1	1
Spontaneous Pneumothorax	4	2
Haemoptysis	—	3
Foreign Bodies	—	1
Conditions of doubtful etiology admitted for investigation	3	3

Treatment Carried Out during 1956.

Patients who had Postural Retention	84
Patients who had Chemotherapy	1,098

Artificial Pneumothorax Treatment :

Inductions Attempted	12
Abandoned and Failed	4
Refills	164

Artificial Pneumoperitoneum Treatment :

Inductions	19
P.P. Abandoned	7
Refills	834

Treatment Carried Out during 1956 :

THORACOTOMY	20 (5 Inoperable Carcinoma).
PNEUMONECTOMY	18 (10 Pul. T.B. 6 Carcinoma, 2 Bronchiectasis).

Lobectomy	55
(44 Pul. T.B., 3 Pneumonitis, 1 Carcinoma).	
Segmental Resection	44
(38 Pul. T.B., 5 Bronchiectasis, 1 Carcinoma).	
Mitral Valvotomy	4
Thoracoplasty	178 Stages
1st Stage	75
2nd Stage	63
3rd Stage	6
4th Stage	1
Ant. Stages	5
Holst	27
Roberts	1
Corrective Thoracoplasty	23
Plombage	10
Removal of Polythene Balls	2
Decortication	9
Rib Resection & Drainage of Empyema	10
Insertion of Monaldi Drainage	2
Adhesion Section	4
Bronchoscopy	210
Oesophagoscopy	8
Laryngoscopy	2
Pericardectomy & Decortication	1
Splenectomy	1
Ligature Patent Ductus Arteriosis	1
Removal of Cystic Hygroma of Mediastinum	1
Tuberculoma Removed	1
Cholecystectomy	1
Appendicectomy	1
Minor Operations	55
Blood Transfusions	526
Aspiration of Pleural Effusion	190

Investigations :

X-Ray Examinations	10,196
Tomograms	397

Bronchograms	205
Barium Swallow	15
G.B. and I.V.P.	31
Fluoroscopic Examinations	1,008
B.S.R.	8,743

Sputum Examinations :

Direct Microscopy	3,729
Cultures	3,416
Guinea Pig Inoculations	39
Laryngeal Swab Cultures	918

Other examinations included sputum examined for Carcinoma Cells, C.S.F. Examinations, Pleural Fluid Examinations, Full Blood Counts, Blood Sugar, Blood Proteins, Blood Ureas, Blood Cultures, Blood Widals, Blood Cholesterils, Serum Calcium, Serum Potassium and Chlorides, Serum Potassium and Sodium, Special Urine Examinations, Guinea Pig Inoculations and Urine, Faeces Exama., Fractional Meal Tests, Bilirubin—Van den Bergh Tests, Paul Bunnell Tests, Prothrombin Tine, Eosinophil Count, Drug Sensitivity Tests.

Complications :

Pleural Effusion requiring Aspiration	9
Tuberculous Empyema	7
Broncho-Pleural Fistula	6
Spontaneous Pneumothorax	8
Haemoptysis (Severe)	29
Tuberculous Laryngitis	8
,, Adenitis	5
,, Spine	3
,, Kidney	3
,, Epididymitis	1
,, Peritonitis	2
,, Ischio-Rectal Abscess	3
,, Intestines	2
Psoas Abscess	1
Tabes Mesenterica	1
Other Diseases and Conditions	5
Diabetes	8
Chronic Otitis Media	9

Rheumatoid Arthritis	7
Asthma	6
Mitral Stenosis	1
Bronchiectasis	15
Severe Hypchromic Microcytic Anaemia	32
Duodenal Ulcer	2
Gastric Ulcer	4
Myelomatosis	1
Carcinoma of the Prostate	1
Hypocalcaemia	1
Kypho-Scoliosis	2
Ankylosing Spondylitis	1
Disseminated Sclerosis	1
Inguinal Hernia	2
Dermatitis	3
Glossitis with Leukoplakia	1
Tapeworm Infestation	1
Infective Hepatitis	9
Fallots Tetrology	1
Mongolism	2
Conjunctivitis	2
Haemorrhoids	3
Epilepsy	3
Pregnancy	11

Allergy to Chemotherapy :

Skin Allergy	18
Vertigo	4

During the year 1956—1,379 examinations were carried out by the Ear, Nose and Throat Consultant.

In the Dental Department there were 2,085 examinations by the Dental Surgeon. 1,327 extractions and 257 fillings were done. 242 Dental Plates were issued to patients.

The Ophthalmologist carried out 150 examinations for eye conditions.

739 examinations were carried out on those attending the surgical Out Patient Clinic. These patients all had had their operations done in St. Mary's and continued under the supervision of the Senior Medical Staff.

This arrangement has now ceased.

JAMES CONNOLLY MEMORIAL HOSPITAL.

John Duffy, M.D., F.R.C.P.I., D.P.H., T.D.D., Medical Superintendent.

Upon the closing down of Crooksling Sanatorium in September two of the four unopened non-pulmonary units were made available for part of those patients who needed further institutional care. At about the same time one of the three female pulmonary units was turned over for the accommodation of male patients. This gave a total bed accommodation of 464.

The Roman Catholic chapel, chaplain's residence, and boilerhouse are still under construction. This means that the Recreation Centre is not yet available for concerts, cinema shows, etc. Towards the end of the year the physiotherapy room in the hospital block has been used for the showing of cinema films, but this is not a very satisfactory solution. The laboratory was opened in July under the direction of Dr. J. Stritch, City Bacteriologist, with one laboratory technician.

Treatment by chemotherapy and thoracic surgery along now well-established lines continues to give satisfactory results in a large majority of cases. Three three-months' courses of combined drugs is now considered the minimum for the established cases of limited disease. Cortisone is being used with effect in certain acute cases.

The patients' library, with books kindly supplied by the Hospital Library Council, continues to operate under difficult conditions as shelving has not yet been provided. Occupational therapy continues as a well-established subsidiary in treatment.

Dr. P. J. Holmes, Assistant Medical Officer replaced Dr. B. Callaghan, who was transferred to the clinic service, and Dr. P. Logan, Assistant Medical Officer, was transferred from Crooksling Sanatorium upon the closing down of this institution. Dr. J. Costello replaced Dr. C. Breathnach as Junior Medical Officer when the latter was transferred temporarily to the clinic service upon his return from six months' special leave, during which time he held the post of lecturer in Physiology in University College, Cork. Doctors E. G. Donevan, P. McCrann, M. O'Flaherty, A. J. Stynes, E. M. Beirne and P. Feeney, held posts as house physician/surgeon. Dr. B. Foy held the post of Surgical Registrar.

I wish to thank the staff of all departments of the hospital for their good work and loyal co-operation throughout the year.

Annual Report, 1956.

Bed capacity	464 (including 28 beds for non-tuberculous chest cases).
Admissions	631 Tuberculous cases
	125 Non-T.B. ,,
No. of patients admitted ...	563 Tuberculous ,,
	120 Non-T.B. ,,
Discharges	583 Tuberculous ,,
	153 Non-T.B. ,,
No. of patients discharged ...	544 Tuberculous ,,
	149 Non-T.B. ,,
Deaths	27 Tuberculous ,,
	6 Non-T.B. ,,
In hospital 31/12/55 ...	349 Tuberculous ,,
	8 Non-T.B. ,,
In hospital 31/12/56 ...	377 Tuberculous ,,
	21 Non-T.B. ,,

	T.B.	Non-T.B.
No. of beds available...	436	28
Available bed days ...	132,820	7,882
Occupied bed days ...	128,984	7,228
Bed turnover ...	1·6 patients per bed per year.	5·5 patients per bed per year.
Length of stay ...	221 days per patient.	48 days per patient.
Turnover interval ...	6·5 days	18 days
Percentage occupancy	97%	73%

TUBERCULOUS CASES.

Classification following institutional investigation.

	A1.	A2.	A3.	B1.	B2.	B3.	Non-T.B.	Not Classified
M. ...	39	74	14	38	162	60	10	12
F. ...	25	35	15	8	62	17	8	4

Length of time in hospital.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
M. ...	25	49	32	42	65	74	63	59
F. ...	5	12	14	26	34	19	34	40

Age on admission.

	Under 15 yrs.	15/24 yrs.	25/34 yrs.	35/44 yrs.	45/54 yrs.	55/65 yrs.	Over 65 yrs.
M. ...	31	69	86	64	75	65	19
F. ...	11	57	49	23	17	13	4

Classification on discharge.

	A1.	A2.	A3.	B1.	B2.	B3.	Not Classified
M. ...	70	48	8	84	148	41	10
F. ...	37	24	2	54	39	10	8

Reasons for discharge.

	Recommended.	Own accord.	Transferred.	Dismissed for B/D.	Death
M. ...	283	70	20	13	23
F. ...	124	25	21	—	4

Results on discharge.

	Quiescent.	Improved.	I.S.Q.	Worse
M. ...	121	189	70	6
F. ...	70	79	20	1

Complications and associated diseases.

Pericardial effusion ...	2
Otitis media	1
Hypertension and otitis media	1
Epilepsy	1
Mental deterioration ...	4
Schizophrenia	1
Rheumatoid arthritis ...	2
Pregnancy	4
Potts caries of spine with sinus formation ...	2
Early Addison's disease ...	1
Mental instability ...	3
Thyrotoxicosis ...	1
Cerebral anoxia — post operative	1
Anxiety neurosis ...	2
Osteorathritis of left hip ...	1
Urinary tract infection ...	1
Acute appendicitis ...	2
Cor pulmonale	3
Spontaneous pneumothorax	1
Deafness	1
Blepharitis conjunctivitis	1
Recto-vesical fistula ...	1
Tumour of pancreas ...	1
Pulmonary carcinoma ...	4
Hepatitis	3
Cataracts on both eyes ...	1
Diabetes Mellitus ...	2
Carcinoma of soft palate...	1
Carcinoma of stomach ...	1
Bronchitis and emphysema	1
Renal complication ...	2

Peptic ulcer	1
Cardiac failure	1
Duodenal ulcer	2
Psoriasis	1
Renal T.B.—right kidney destroyed	1
Hypertension	3
Coronary thrombosis	2
Asthma	1
Venous thrombosis, right leg	1
Tonsillitus	1
Reaction to P.A.S.	2
Reaction to Streptomycin	4
Urinary retention with Buerger's disease	1
Pulmonary abscess	1
Laryngitis	1
Broncho-pleural fistula	1
Subarachnoid leak	1
Paraplegia ? malignant	1
Secondaries in lung	1
Jaundice	1
Angina pectoris	1
Oesophageal narrowing	1
Cerebral thrombosis	1
Pepic ulcer with haematemesis	1
T.B. left ankle	1
Chronic alcoholism	1
Right diaphragm fixed	1
Pleural effusion	1
Meningococle (Lumbar area)	1
Periostitis L. metatarsal	1
Talipes equino varus	1
Burger's disease	1
Ostreo-arthritis of left sacro-illiac joint	1

TREATMENT.

Postural retention	150
No. of cases on I.N.A.H. P.A.S. and Streptomycin	870
,, ,, ,, ,, I.N.H., P.A.S.	68
,, ,, ,, ,, I.N.H. and Streptomycin	86
,, ,, ,, ,, P.A.S. and Streptomycin	32
No. of patients on artificial pneumoperitoneum	13
,, ,, ,, ,, refills	49
No. of lumbar punctures	5
No. of aspirations	86

Investigations in tuberculous and non-tuberculous cases.

Sputum for malignant cells	236
Fractional test meal	54
Swab from mouth	2
Swab from wound	2
Swab from nose	1
Swab from throat	7
Blood : full count	371
haemoglobin	122
grouping	122
Rhesus factor	122
Plasma cells	54
Blood chemistry : blood urea	44
sugar	21
Chlorides	15
protein	32

Eosinophil count	15
Van der Berg	5
Serum globulin	2
Sodium potassium	14
Paul Bunnell	5
Faeces for occult blood	11
Pyrogens and sensitivity (sputum)	125
Urea clearance test	6
Glucose tolerance	2
Bronchial secretions for exam.	3
Bronchial biopsy	11
Pleural fluid exam.	11
Sputum for guinea pig innoculations	2
Pleural fluid for guinea pig innoculations	2
Urine for guinea pig innoculations	1
Post-operative specimens examined microscopically	103
W.R.	2
Cerbro-spinal fluid exam.	7
Sputum	5,920
Gastric lavage	195
Laryngeal swab	288
Urine	577
No. of check-up examinations on post-operative cases	241
No. of eye examinations	83
No. of ear, nose and throat examinations	638
No. of dental cases—extractions	408
conservative treatment	238
dentures supplied	127

X-ray Department.

No. of patients X-rayed	4,367
No. of staff X-rayed	654
No. of screenings	147
No. of tomograms	342
Total number of films used	6,746

Operations (tuberculosis cases).

1st stage thoracoplasty	20
2nd ,, ,,	12
3rd ,, ,,	3
Correctoplasty	9
Plombage	1
Lobectomies, segments, lingulectomies	67
Pneumonectomy	8
Decortication	3
Adhesion section	2
Subrapubic cystotomy	1
Excision of sinus	1
Thoractomy	1
Evacuation of blood from chest	1
Bronchoscopy	28

NON-TUBERCULOUS CASES.

No. of admissions	125	90	male
		35	female
No. of discharges	153	104	male
		49	female

Age on admission.

	Under 15 years	14/24 years	25/34 years	35/44 years	45/54 years	55/65 years	Over 65 years
M. ...	17	12	17	12	23	15	8
F. ...	9	8	10	9	5	5	3

Length of stay.

	0/7 days	0/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	Over 12 mths.
M. ...	12	51	28	10	3	—	—
F. ...	3	20	16	4	6	—	—

CLASSIFICATION OF NON-T.B. CASES.

MALE.

Atelectasis	4
Adenoids, emphysema, enlarged tonsils	1
Bronchiectasis	24
Mitral disease	4
Bronchitis	6
Carcinoma lung	24
Hilar empyema	1
Hypertension	1
Cystic lung	1
Bronchial haematoma	1
Lung agscess	4
Pleural effusion	3
Pneumonitis	12
Pneumonia	5
Spontaneous pneumothorax	1
Mycetoma	3
Pleural metastasis and renal tumour	1
Sarcoidosis	1
Sarcoma	1
Emphysema	2
Nil	4

FEMALE.

Adenoma	1
Atelectasis	3
Asthma	1

Bronchiectasis	20
Bronchial asthma and emphysema	2
Bronchitis	2
Carcinoma of oesophagus	1
Carcinoma, bronchus	1
Empyema	1
Gastric ulcer	1
Mitral stenosis	3
Malignant glands	1
Pulmonary infraction	1
Pneumonitis	1
Patent ductus Arteriosus	1
Hypertension	1
Hypertension and emphysema	1
Nil	4

Operations (Non-T.B. cases).

Pneumonectomy	7
Lobectomies, segments, lingulectomies	29
Removal of diaphramatic cyst	1
Repair of diaphramatic hernia	1
Thoracotomy	5
Cardiotomy	1
Mitral valvotomy	1
Excision of abscess	1
Patent ductus arteriosus, ligation of	1
Pericardectomy	1
Tracheotomy	3
Bronchoscopy	41

Complications in Non-T.B. cases.

Cardiac failure
Hypertension
Acute retention
Surgical left hernia
Drug allergy
Acidosis
Cellulitis right shoulder
Respiratory distress
Scabies
Renal tumour
Neurosis
Auricular fibrillation
Aphasia—partial
Deafness

BALLYOWEN SANATORIUM.

ARTHUR J. WALSH, Medical Superintendent.

During 1956 there were 447 patients treated in Ballyowen. Of these, 211 were new admissions and 194 were discharged. There were 6 deaths among those discharged.

The over-all picture of 1955 was repeated in 1956. Once again was seen the situation in which the number of beds available always exceeded the number of patients requiring sanatorium treatment, and the delay in admitting such cases was mainly governed by the time required for the individual patient's personal preparations.

Of the new patients admitted, 38 (18%) were symptomless and were found as a result of routine investigations: there were 81 patients of this type (18%) among all the patients treated. 66 (i.e. 31%) of the new admissions and 115 (i.e. 25%) of all the patients treated had only minimal lesions. Coming to the Discharges, 6 were found to be non-tuberculous and were sent home as requiring no further hospital treatment. Of the remaining 187 no less than 132 (70%) were sent home with healed lesions.

Treatment consisted of bed-rest and chemotherapy, aided where necessary by thoracic surgery. The routine drugs were used—streptomycin, P.A.S., and isoniazid—but others were introduced where desirable. The trial of hinconstarch organized by the Medical Research Council continued towards completion. In this trial Ballyowen is associated with the Meath Hospital and Newcastle Sanatorium.

The health record of the Staff during the year was good. No serious illnesses occurred.

Medical Staff changes took place among the House Physicians. Dr. Margaret Moody completed her period of appointment on 30th June and was succeeded by Dr. Maura G. Lernihan. Dr. John A. Kelly commenced duty on 1st January and remained until 31st December. Dr. Maeve McDonagh continued in the post of Assistant Medical Officer.

The following are the figures for the admissions, discharges, etc., during the year :—

No. of patients remaining 31/12/55 ...		216
Total No. of Admissions		283
New Patients	211	
Returned after Surgery	72	
Total No. of Discharges		266
Discharged home	187	
Transferred	1	
Temporary transfer for Surgery ...	72	
Died	6	
No. of patients remaining 31/12/56 ...		233
Total No. of Patients treated		447

The utilization of the beds throughout the year is shown in the following figures :—

No. of beds available	263
Vacant bed-days	8,369
Occupied bed-days	87,889
No. of Discharges and Deaths (Gross) ...	266
Turnover	1·01
Length of Stay	330 days
Turnover Interval	31 days
Percentage bed occupancy	91·66

Patients for major thoracic surgery are transferred temporarily to St. Mary's Chest Hospital or to the James Connolly Memorial Hospital. As the movement of these patients is only incidental during the course of treatment they are not included among the admissions and discharges in the following Tables. These Tables deal only with the nett figures, viz. 211 new admissions and 194 final discharges.

Classification on Admission.

	Admitted 1956	All Patients Treated
A1	56	94
A2	41	84
A3	0	1
B1	10	22
B2	85	215
B3	10	22
Observations ...	9	9
	211	447

Extent of Disease.

	Admitted 1956	All Patients Treated
Unilateral—		
Minimal ...	46	77
Moderate ...	39	81
Advanced ...	0	5
Bilateral—		
Minimal ...	20	38
Moderate ...	57	146
Advanced ...	40	91
Observations ...	9	9
	211	447

The extent of disease is defined as follows :—

" MINIMAL.—

Slight lesions without demonstrable excavations, confined to a small part of one or both lungs. The total extent, regardless of distribution, shall not exceed the equivalent of the volume of lung tissue which lies above the second chondrosternal junction and the spine of the fourth or body of the fifth thoracic vertebra on one side.

MODERATE.—

One or both lungs may be involved, but the total extent of the lesions shall not exceed the following limits :—

(a) Slight disseminated lesions which may extend through not more than the volume of one lung, or the equivalent of this in both lungs ;

(b) Dense or confluent lesions which may extend through not more than the equivalent of one-third the volume of one lung ;

(c) Any gradation within the above limits.

The total diameter of cavities, if present, estimated not to exceed 4 cms.

ADVANCED.—

Lesions more extensive than Moderate."

Age of Groups of Patients on Admission.

	Admitted 1956	All Patients Treated
Under 15 ...	8	19
15—24 ...	75	164
25—34 ...	65	147
35—44 ...	32	64
45—54 ...	16	32
55—64 ...	13	15
65 and over ...	2	6
	211	447

70·47% of the patients admitted were under the age of 35, and 39·52% were under the age of 25. These percentages are much the same as those for 1955.

Contact History.

	Admitted 1956	All Treated
In Home ...	66	142
Relative ...	17	33
At Work ...	10	17
Lodger ...	2	2
Doubtful ...	8	13
	103	207

Contacts are classed " Doubtful " when the person from whom the patient may have acquired the disease has suffered from, or died from a disease described vaguely by the patient as bronchitis, asthma, pneumonia, etc., and which may possibly have been in fact pulmonary tuberculosis.

Initial Symptom.

	Admitted 1956	All Patients Treated
No Symptom ...	38	81
Erythema Nodosum ...	5	12
Cough	50	117
Haemoptysis ...	18	32
Dyspnoea	2	7
Hoarseness ...	3	8
Anorexia	1	6

Dyspepsia	1	1
Diarrhoea	1	1
Abdominal Pain ...	0	1
Chest Pain	47	94
Pain in Thigh ...	1	1
Lassitude	37	70
Wasting	4	8
Cervical Adenitis ...	2	3
Axillary Adenitis ...	0	1
Amenorrhoea ...	1	2
Malaise	0	1
Phlyctenular Conjunctivitis ...	0	1
	211	447

Of the patients who had no symptoms of illness when the diagnosis was made the extent of disease actually present in the lungs was shown to be as follows :—

	Admitted 1956	All Patients Treated
Minimal ...	16	30
Moderate ...	18	43
Advanced ...	3	7
	37	80

An additional patient was admitted for observation and subsequently discharged as non-tuberculous.

Tubercle Bacilli Present for First Time.

105 of the patients admitted had the diagnosis proved bacteriologically just after admission or else prior to admission. The corresponding figure for all the patients treated during the year was 269. The circumstances under which this diagnosis was made were the following :—

	Admitted 1956	All Patients Treated
Sputum—Direct ...	72	194
Culture ...	17	44
Laryngeal Swab... ...	10	19
Gastric Lavage ...	6	11
Pleural Fluid Culture ...	0	1
	105	269

Classification on Discharge.

During the year 194 patients were discharged: of these 6 died. The following Table sets out the classification of the patients' discharge together with the results of treatment:—

Class on Discharge	Quiesc.	Im-proved	No Material Improve-ment	Worse	Died	TOTAL
A1 ...	27	4	4	—	—	35
A2 ...	16	9	8	—	—	33
A3 ...	—	—	—	—	1	1
B1 ...	15	1	—	—	—	16
B2 ...	74	15	6	—	—	95
B3 ...	—	2	1	—	5	8
Non-T.B. ...	—	—	6	—	—	6
TOTAL ...	132	31	25	—	6	194

A patient was considered quiescent when there was no longer any clinical or radiological evidence of active disease and when the sputum, if present, had been negative on direct examination for at least six successive months prior to discharge together with at least three negative cultures over the same period. In the absence of sputum, negative cultures of laryngeal swab and/or gastric lavage are required instead. The 132 quiescent patients represent 70·58% of the tuberculous cases discharged.

The following Table shows the results of treatment, but it shows also the extent of disease present in the chest when the patient was first admitted:—

Extent on Admission	Quiesc.	Im-proved	No Material Improve-ment	Worse	Died	TOTAL
Minimal ...	40	5	4	—	—	49
Moderate ...	72	15	11	—	1	99
Advanced ...	20	11	4	—	5	40
Non-T.B. ...	—	—	6	—	—	6
TOTAL ...	132	31	25	—	6	194

While 66 of the quiescent cases were treated surgically, it is of interest to note that 16 of them were advanced cases when admitted, and it was only after prolonged bed-rest and chemotherapy that they eventually became suitable for the more radical treatment. The surgical treatment carried out in these 16 advanced cases was as follows :—

Thoracoplasty	7
Segmental Resection	2
Lobectomy	3
Thoracoplasty (Right)+Lobectomy (Left)	1
Pneumonectomy	2
Plombage	1
	16

Reasons for Discharge.

Recommended	153
Transferred	1
Own Accord	34
Died	6
Dismissed	0
	194

34 patients left of their own accord. The majority of them left because of some domestic problem which they insisted could not be solved unless they went home. 2 went home during visiting hours without saying anything to the Staff, and 2 others left because of a quarrel with another patient. The remainder left because they " could not settle ".

Length of Stay.

		(Quiescent)
Over 2 years...	43	(41)
$1\frac{1}{2}$ to 2 years	47	(45)
1 to $1\frac{1}{2}$ years	40	(30)
9 to 12 months	10	(7)
6 to 9 months	13	(5)
3 to 6 months	12	(2)
2 to 3 months	9	(2)
1 to 2 months	7	(0)
7 to 30 days	9	(0)
0 to 7 days	4	(0)
	194	(132)

Sputum—On Admission and on Discharge.

Admission.	Discharge	
Positive	Positive ...	11
Negative	Positive ...	0
Negative—Positive—	Negative ...	18
Negative	Negative ...	52
Positive	Negative ...	71
No Sputum	No Sputum ...	42
		194

Final T.B. Negative (183 patients)

Sputum—Direct	5
,, —Culture	80
Laryngeal Swab and/or Gastric Lavage	94
Not Examined	4
	183

Final T.B. Positive—Reasons for Discharge.

Recommended	2
Own Accord	6
Died	3
	11

Complications and Other Diseases.

T.B. Axillary Adenitis	1
T.B. Empyema	2
T.B. Laryngitis	2
T.B. Pleurisy	10
T.B. Spine	1
T.B. Sternum	1
Amyloid Disease	1
Arterio-sclerosis	2
Asthma	1
Atrophic Rhinitis	1
Auricular Fibrillation	1
Blepharitis	1
Cataract	1
Chronic Suppmative Otitis Media ...	4
Cor Pulmonale	1
Emphysema	4
Haemoptysis (Fatal)	1
Hemiplegia	1
Hypertension	3
Hysteria	2
Lues	1
Migraine	1

Psoriasis	1
Simple Endometritis	1
Simple Laryngitis	4
Simple Tonsillitis	2
Simple Vaginitis	1
Sinusitis	1
Spontaneous Pneumothorax	1

Treatment.

Chemotherapy	437	Patients
Thoracoplasty	14	,,
Segmental Resection	22	,,
Lobectomy	27	,,
Pneumonectomy	5	,,
Plombage	6	,,
Pneumoperitoneum	15	,,
Chest Aspirations	18	,,
Bronchoscopy	12	,,

During the course of chemotherapy, drug resistance developed in 13 cases as follows :—

Streptomycin	7
P.A.S.	3
Isoniazid	3

With the emergence of resistance other drugs such as Viomycin, Dipasic, and Tebefen were brought into use.

Laboratory.

A Laboratory Technician has not yet been appointed and so we have still to send most specimens to outside Laboratories. The investigations carried out during the year were as follows :—

Sputum—Direct Microscopy	1,689
,, —Culture	1,567
Laryngeal Swab	773
Gastric Lavage	504
Streptomycin Sensitivity	40
P.A.S. Sensitivity	35
I.N.A.H. Sensitivity	39
B.S.R.	2,936
Blood—Count	201
,, —Haemoglobin %	121
,, —Grouping	63
,, —Sugar	28
,, —Urea	59

Glucose Tolerance Test	1
Urea Clearance Test	3
Urine—Direct Microscopy	116
,, —Culture	44
,, —Animal Inoculation	3
Pleural Fluid—Direct Microscopy ...	3
Liver Function Tests	55
Throat Swabs	12
Vaginal Swabs	6
Faeces—Direct Microscopy	4
Sinus Track Swab	3
Aural Swab	1
Hogben Test	1
Wassermann Reaction	2
Kahn Test	2

E.N.T. Department.

Laryngoscopy	964

Dental Department.

Extractions	510
Scalings	79
Fillings	104
Dentures	78
Repair of Dentures	17

Opthalmic Department.

Refractions	39

Orthopaedic Department.

Patients Examined	7

X-Ray Department.

Straight Films	3,027
Tomograms	382
Bronchograms	54
Screen Examinations	61
Barium Meals	7
,, Enema	3
,, Swallow	3

Occupational Therapy Department.

The work of this Department, as in previous years, continued to operate satisfactorily under the tuition of Miss Olive McNair.

Recreational Facilities.

Regular cinema performances were held throughout the year at weekly intervals. During the autumn and winter months a number of concert parties visited the Sanatorium and provided entertainment for the patients. These concerts took place on an average of once per fortnight during the season. I take this opportunity to thank all the artistes concerned for coming here and providing so much enjoyment.

Once again I thank the Hospitals Library Council for their generosity in keeping our library so well stocked.

In conclusion I thank the medical, nursing, clerical, and other staffs for the loyal co-operation and assistance which they have given me throughout the year.

CROOKSLING SANATORIUM.

E. K. Quigley, M.B., D.P.H.,
Acting Medical Superintendent.

In 1956 Crooksling Sanatorium was closed as a hospital for tuberculosis. This hospital originally opened in 1911 as a temporary hospital, was kept going by alterations and improvements until the large modern chest hospitals within easy reach of the city were able to accommodate all tuberculous patients.

During the year, Dr. P. Logan replaced Dr. J. Costello. Dr. Logan was transferred to James Connolly Memorial Hospital when this hospital closed. Dr. M. Lernihan, Dr. R. McQuillan, Dr. P. Feeney and Dr. A. Beirne were House Physicians during the year.

Miss O'Rourke, our Matron, retired at the closing of the sanatorium. She was well loved by patients and staff and the happy atmosphere in the hospital was in no small part due to her.

Mr. Tonge, our Chief Clerk, also retired. He had a long and honourable association with the hospital and his meticulous attention to details played no small part in maintaining the low costs of running the institution and the high standard of food.

I wish them both many years of happiness and good health.

Due to the gradual emptying of the hospital and final closing on the first of November, statistical figures are somewhat limited.

I am grateful to the staff in all branches for their loyal co-operation and assistance.

Total No. of beds	257
No. in hospital 31/12/55	212
No. of admissions during 1956	189
No. of discharges during 1956 (including transfers)	414
No. of deaths during 1956	13
No. of transfers	191

Transfers.

St. Mary's Chest Hospital	102
James Connolly Memorial Hospital	83
St. Luke's Hospital	1
Grangegorman	3
St. Bricin's	1
St. Michael's	1
Jervis Street	1
Eye and Ear	1

Age Groups on Admission.

0/15	15/24	25/34	35/44	45/54	55/64	65 and Over	Total
2	31	40	24	45	31	16	189

Classification on admission.

A1.	A2.	A3.	B1.	B2.	B3.	Total
14	34	28	6	70	37	189

Age at Death.

0/34	35/44	45/54	55/64	65 & over	Total
0	1	3	4	5	13

Reasons for Discharge.

Recommended	126
Transferred	191
Dismissed	10
Own Accord	74
Died	13
TOTAL	414

Cases Transferred for Surgery :

SEMB THORACOPLASTY :—

1st Stage	4
2nd Stage	15
3rd Stage	2
Holst Thoracoplasty	9

RESECTIONS :—

Lobectomy	11
Segment Resections	8
Wedge Resection	2
Curettage and skin flap drainage	1
Plombage	1
Bronchoscopy	5
Adhesion Section	1

Associated Complications and Other Diseases :

Asthma	5
Disseminated Sclerosis	1
Diabetes Mellitus	4
Staphlococcal Septicaemia	1
T.B. Laryngitis	3
Ischiorectal Abscess	1
Epilepsy	1
Ankylosing Spondylitis	2
Corneal Leucoma	1
Peripheral Neuritis	3
Peptic Ulcer	7
Bronchial Fistula	1
Stills' Disease	1
Hypersensitivity to P.A.S.	5
Psoriasis	4

Dental Department :

No. of Dental Examinations	735
No. of Extractions	416
No. of Fillings	62
No. of Patients who received Dentures	83

VENEREAL DISEASE SERVICE.

F. M. Lanigan-O'Keeffe, m.d., City Venereologist.

During the year the service was continued as before. The clinics at the Mater Misericordiæ Hospital and the Rotunda Hospital were conducted directly by the Corporation, and those in Sir Patrick Dun's and Dr. Steevens' Hospitals on behalf of the Corporation.

During the year there has been a reduction in the number of cases of Syphilis seen at the clinics. Unfortunately this cannot be taken as an indication that Syphilis is being wiped out. Reports have appeared in Venereal Disease Journals that the incidence of Syphilis in the U.S.A., after a steady decline for the past 10 years, has started to show an increase. This increase has followed slackening off in the control of this condition. It should be remembered that Venereal Disease is not a purely national one, but it is world wide, with current methods of travel and the increase in the number of people travelling.

Gonorrhoea shows no sign of diminishing, and will remain a problem until every person treating this condition realises that in addition to the actual treatment of the patient all contacts must be treated, and that to only treat the patient means that there is still a source of infection left to spread the disease.

I make no apology for repeating the advice given previously concerning the prevention of Congenital Syphilis. This 100% preventible condition is still much too prevalent. The existence even of one case of Congenital Syphilis is a slur on the Medical Profession. Every mother in each pregnancy should have at least one serological examination for the detection of Syphilis. With the increase in Domiciliary Midwifery conducted by General Medical Practitioners, it was considered advisable to circulate these Doctors acquainting them of the facilities for serological tests under the Corporation's Venereal Disease Service.

Non-Gonococcal Urethritis, the aetiology of this condition still remains unsolved, and none of the theories as to the causation of this condition have been confirmed. As yet no standard treatment has been evolved, though some of the newer anti-biotics give very good results in some cases, while in others they have little or no effect.

During the year 125 patients suffering from Syphilis, and 177 suffering from Gonorrhoea, were admitted to the clinics.

My thanks is due to the Mother Superioress of the Mater Misericordiæ Hospital and her staff for their kindness and help ; also the Master of the Rotunda Hospital, Dr. E. W. L. Thompson, and his staff for their co-operation, and in particular, Sister A. O'Dwyer. I would also like to thank the staff of the Public Health Department for their help.

PORT HEALTH SERVICE.

John Walker, Port Medical Officer.

1. Legislation Relating to the Administration of the Port Health Service :

(a) The Health Act, 1947.
(b) The Health Act, 1953.
(c) Infectious Diseases Regulations, 1948, and Amendment of 1952.
(d) Infectious Diseases (Shipping) Regulations, 1948.
(e) Infectious Diseases (Aircraft) Regulations, 1948.
(f) Food Hygiene Regulations, 1950.
(g) Rats and Mice Destruction Act, 1919.
(h) Foot and Mouth Disease (Disposal of Swill) Order, 1937.
(i) Public Health (Ireland) Act, 1878.
(j) Public Health (Saorstat Eireann) (Preservatives etc., in Food) Regulations, 1928.
(k) The International Sanitary Regulations, 1951 (World Health Organisation Regulations No. 2).

2. Amount of Shipping Entering the Port during the Year 1956 :

(a) Number and register tonnage of vessels which entered the Port of Dublin for trading purposes :—

		Number	Register Tonnage	
Foreign-going	....	1,048	1,429,050	tons
Coastwise	....	3,776	2,251,400	,,
Totals	....	4,824	3,680,450	,,

The above figures were kindly supplied by the Secretary, Dublin Port and Docks Board.

(b) Port Health Service personnel carried out inspections on 1,316 foreign ships. This figure includes 147 inspections of foreign-going ships, which at the time of inspection were engaged in Cross-Channel trading, and 47 inspections of foreign fishing trawlers. The majority of the latter were of French nationality.

(c) Ships came to Dublin from the following foreign ports :—

AMERICAS.

Aruba
Amuay Bay

Boston
Baltimore
Buenos Aires

Corpus Christi
Chicama
Curacao
Caripito
Churchill

Dominica
Dalhousie

Galveston

Houston

Jacksonville

Long View
La Romana

Miami
Mobile
Montreal

New Orleans
New York
Newcastle N.B.
Norfolk Va.
Newport News

Port Arthur
Philadelphia
Port of Spain

Rio Grande
Rio Haina

Roseau

Seattle
Savannah
Salaverry
San Pedro de Macoris
St. John N.B.
St. Vincent
St. Lucia
Sault Ste. Marie

Trinidad
Three Rivers

Vancouver
Valparaiso

Weymouth N.S.

AFRICA.

Accra
Alexandria

Bona
Beira

Casablanca

Dar-es-Salaam
Dakar

Funchal

Haifa

Jaffa

Lagos
Las Palmas

Mostagenem
Monrovia
Mombasa

Nemours

Oran

Palma

Sfax

Teneriffe

ASIA AND AUSTRALASIA.

Albany (Western Australia)

Bahrein
Balik Papan
Beirut

Chalna
Calcutta

Hong Kong
Hsin Kang
Haifa

Kobe
Karachi

Mena al Ahmadi

Moji
Otaru

Visakhapatnam

Yokohama

EUROPE.

Antwerp
Amsterdam
Aalborg
Abo
Archangel
Almeria

Bremerhaven
Bremen
Bordeaux
Barcelona
Bilbao
Bastia

Corunna
Cadiz
Cartagena
Copenhagen
Cannes

Dunkirk
Delfzyl
Dieppe

Fredriksham

Gonfreville
Gothenburg
Genoa
Ghent
Gefle

Husavik
Hamburg
Hamina
Hafnarfjord
Hargshamn

Ibiza
Istanbul

Jacobstad

Kalmar
Kotka
Kemi
Kalamata

Le Havre
Leixoes
Lovisa
Lisbon
Ljusne
Leghorn
Lubjeck

Marseilles
Mantyluoto
Messina
Malaga

Narvik
Norrsundet

Oporto
Ostend
Oslo
Odense

Pomaron
Port Jerome
Palermo
Patras

Raumo
Rafso
Reykjavik
Rouen
Rotterdam

Salonica
Sprangsviken
Sundsvall
Seville
Stockholm
Sluiskil
Skien
Sodertalje
Stavenger

Tonnay Charente
Turku
Topilla

Vastervik
Valencia
Villa Real
Vilvorde
Vlaardingen
Vestmann Island
Vigo
Valvik
Valdermarsvik

Ymuiden
Yxpila

Wismar

Zwyndrecht

NOTE.—Ports in the State, Northern Ireland, Great Britain, the Isle of Man or the Channel Islands are not considered to be foreign ports.

(d) NUMBER OF NAVAL VISITORS ENTERING THE PORT :

Number		Nationality
2	....	Belgian.
1	....	British.
3	....	Canadian.
2	....	French.
1	....	Italian.
5	....	American (U.S.).
Total 14		

(e) NUMBER OF PASSENGER LINERS :

Number		Nationality
1 (anchored in Bay)	....	British.
5 (alongside Quay)	....	Greek.
Total 6		

3. INFECTED PORTS :

Ships coming directly to Dublin from, or calling at infected ports during 1956, numbered 41. These ships were met and boarded on arrival by the Port Medical Officer. No cases of quarantinable disease were encountered.

The infected ports from which the above ships departed en route for Dublin were as follows :—

Port.	State.	Quarantinable Disease.
Alexandria	Egypt	Typhus
Bona	Algeria	Smallpox
Calcutta	India	Smallpox & Cholera
Chalna	Pakistan	Cholera
Dakar	Senegal	Smallpox
Dar-es-Salaam	Tanganyika	Smallpox
Freetown	Sierra Leone	Smallpox
Istanbul	Turkey	Typhus
Karachi	Pakistan	Smallpox
Madras	India	Smallpox
Mombasa	Kenya	Smallpox
Suez	Egypt	Smallpox
Tanga	Tanganyika	Smallpox
Tripoli	Libya	Typhus
Vizagapatam	India	Smallpox
Warri	Nigeria	Smallpox

As in previous years an up to date list of infected ports was prepared at the Port Health Office. The list was published at fortnightly intervals and copies were sent to the Customs Authorities and to the Harbour Master. (Article 33 of the Infectious Diseases (Shipping) Regulations, 1948, refers).

In mid-October, 1956, the British Ministry of Health discontinued publication of the Weekly Record of Quarantinable Diseases. As from that time the sources of information concerning infected ports and seaboards were exclusively those of the World Health Organisation at Geneva, viz.

(a) The Daily Epidemiological Radio Bulletin. This is broadcast from Geneva, received at Shannon and transmitted by teleprinter to Dublin Airport.

(b) The Weekly Epidemiological Record published every Friday at Geneva.

Rodent Control.

1. In Ships :

The standard of rodent control on ships arriving at the Port of Dublin is of a higher order than ever before. Factors which have a bearing on this continued improvement include better design and construction of ships, and a more enlightened attitude on the part of shipowners and ships' crews. Routine inspection of ships for evidence of rodent infestation was continued during the year.

During 1956 Certificates were issued as follows :

Deratting Certificates	2
Deratting Exemption Certificates	42
TOTAL	44
Fumigations	2

Where fumigation was called for, it was carried out by a commercial firm specialising in this work. Hydrocyanic Acid Gas was used as the fumigant in a concentration of 2 ozs. per 1,000 cubic feet of space for a minimum period of two hours exposure.

2. In Shore Premises :

Control of rat infestation is now considered to be satisfactory. A food cargo arriving at the Port is less likely to become rodent contaminated in the transit sheds than in the past. No instances of uncontrollable infestation by rats occurred during the year, and cargoes on the whole escaped major damage. The rat population of the Port is now believed to be small, but not so small as to allow of the relaxation of control measures. The present satisfactory state of affairs can largely be attributed to the success of the efforts of the rodent inspector employed permanently by the Dublin Port and Docks Board. During the year another man was specially trained in rat control work. His training took place under the supervision of Mr. W. J. Tannam at Marrowbone Lane Disinfecting Depot. This man is now responsible for rodent control in the area known as Custom House Docks.

The synthetic product " Warfarin " is now used exclusively as the poisoning agent in the Port area. The material is mixed with pig meal and the mixture is laid at appropriate baiting points. This poison is thoroughly effective, and is considered much more satisfactory for the conditions obtaining than the quicker killing chemical sodium fluoracetate. The latter is rapidly fatal to humans and to all domestic animals and requires tremendous care in its use. The risks attendant upon it are held to be too great to justify its employment.

Infectious Diseases Regulations, 1948.

Article 20.

This article requires that rags and used clothing imported from any place outside Great Britain or Northern Ireland shall be effectually disinfected on arrival at the Port. If the goods are imported from Great Britain and are not accompanied by a certificate of prior disinfection signed by the Medical Officer of Health of their place of origin, they must be disinfected on arrival. During the year **486** bales of such materials were disinfected at the Disinfecting Depot, Marrowbone Lane, and were then released to the importers.

Food Hygiene Regulations, 1950.

FOOD INSPECTIONS :

During the year 179 different foodstuffs were examined by Port Health personnel. The items sampled included the following :—

Apricots (dried)
Apples
Chocolate—liquid
Cheese Biscuits
Cocoabeans
Cocoa compound
Cocoanut fruit
Crab (c)
Cheese
Dates—packaged
Dates—slab
Fruit—dried and mixed
Fruit—mixed canned
Ice cream powder
Lobster—canned
Molasses tablets
Molasses crude black, 3
Milk powder, 2
Mincemeat
Nutmeg, 5
Nutmeg ground
Onion powder
Oranges
Peaches (c)
Pears (c)
Peas (c)
Peas—processed
Rice flour
Shrimps, peeled (c), 5
Shrimps (c)
Soup powder, (2)
Salmon (c)
Saccharin tablets
Vitamin fortified food

NOTE.—Samples are still taken from consignments of imported crude blackstrap molasses. This is in accordance with instructions issued by the Department of Health. The samples are forwarded to the Dublin Region Public Analyst for examination as to the amounts of arsenic, copper and lead present in each sample. Usually the heavy metal contaminants are not found to be present in excess. It is of interest, however, to record that a sample of molasses tablets was found to contain quantities of copper which were much greater than the amounts considered to be safe. Importation of these tablets was not permitted.

SEIZURE AND DESTRUCTION OF UNFIT FOODSTUFFS.

The following items of foodstuffs imported for human consumption were detained for the reasons given below and were subsequently disposed of as indicated :—

Item	Amount	Reason for Detention	Disposal
Farina Dextrine	10 bags	Contaminated by lithopone.	For animal feeding.
Peas	6 bags (8 bags in consignment).	Contaminated by sea water.	5 bags dried and passed for human consumption.
Grapefruit (canned).	1,128 cans (17,200 cases in all).	Cans rusted, dented or blown.	Destroyed at Corporation tiphead.
Nutmeg	3 tons, 13 cwts., 2 qrts., 16 lbs.	Insect infestation; general deterioration ; mould formation.	Re-exported.
Pineapple Juice (canned).	6 × 6½ lb. cans	Defective cans	Destroyed at Incinerator.
Grapefruit (canned)	39 × 20 oz. cans	Blown and defective cans	Destroyed at Clontarf tiphead.
Macaroni	2 cartons	Rodent contamination	Destroyed at Clontarf tiphead.
Vermicelli	1 carton	Rodent contamination	Destroyed at Clontarf tiphead.
Canned fruit preserves.	1,286 cans	Erosion of can linings	Destroyed at Clontarf tiphead.
Fat Compound	330 × 28 lb. cartons	Damage by water	Released for processing.
Rice flour	127 bags	Insect fragments	Re-exported.
Dried Apricots	60 boxes	Insect infestation	Re-exported.
Fish (canned)	9 cartons	Contained preservatives not allowed under Regulations.	Re-exported.
Saithe (canned)	56 cartons	General deterioration ; cans blown.	Destroyed at Clontarf tiphead.
Sardines (canned)	16 cases	General deterioration	Destroyed at Clontarf tiphead.
Herrings	1 case	General deterioration	Destroyed at Clontarf tiphead.
Cocktail Snacks (canned fish)	9 × 1¼ oz. cans	Cans blown	Destroyed at Clontarf tiphead.
Sweets	2 bags	General deterioration	Destroyed at Clontarf tiphead.
Vermicelli	147 cartons	General deterioration	Destroyed at Clontarf tiphead.
Canned fish	211 cans	Blown cans	Destroyed at Clontarf tiphead.
Sultanas	1 qt. 13 lbs.	Rodent contamination	Destroyed at Clontarf tiphead.
Cocoabutter (substitute)	1 parcel	General deterioration	Destroyed at Clontarf tiphead.
Stout	10 gallons	Sour	Destroyed by pouring into a drain.
Salmon	8 cans	Cans blown	Destroyed at Clontarf tiphead.
Shortening	2 cans	Cans blown	Destroyed at Clontarf tiphead.
Grapefruit	21 cans	Cans blown	Destroyed at Clontarf tiphead.
Dried Soups	1 carton	Mould formation	Destroyed at Clontarf tiphead.
Vegetable Preserves	7 jars 16 cans	General deterioration	Destroyed at Clontarf tiphead.
Canned fish	14 cartons	Forbidden preservative	Re-exported.
Orange peel	½ pipe	Contamination by dirt, coal dust and rain water.	Destroyed at Clontarf tiphead.
Cocoabeans	480 bags	Insect infestation	Released. Insufficient evidence of unfitness.
Cocoanut compound (Milk powder and 5% cocoa)	35 tons	Insect infestation and Rodent Contamination.	Animal feeding.

Item	Amount	Reason for Detention	Disposal
Cocoa compound	5 tons 16 lbs.	Insect infestation and Rodent contamination.	Animal feeding.
Salt	3 bags	Spillage	Trans-shipped to Cork. C.M.O. informed.
Mixed canned foods (soups, vegetables, etc.).	3 cwts.	General deterioration	Destroyed at tip incinerator.
Pearl Barley	5 bags	Rodent contamination.	Destroyed. Dept. of Agriculture informed.
Dried soups	6 cartons	General deterioration	Destroyed by burning.
Cheese biscuits	1 carton	Rancid	Destroyed by burning.
Pineapple	9 × 13½ oz. cans	Defective cans	Destroyed by burning.
Canned Fruit	213 cans	Defective cans	Destroyed by dumping.
Onions	1 ton 15 cwts.	Damaged in transit	Destroyed by dumping.
Rice	1 bag	Sweepings	Animal Feeding.
Milk Powder	209 bags	Insect infestation and Rodent contamination.	Animal feeding.
Synthetic Cream	23 × 14 lb. cans	Cans holed. Contents contaminated.	Buried at tiphead.
Onions	6 bags	Rotten	Buried at tiphead.
Tomato Puree	58 × 10 lb cans	Can blown or holed	Buried at tiphead
Dried soups	65 cartons	General deterioration	Animal feeding.
Rice	1 bag	Sweepings	Animal feeding.
Pears (canned)	24 × 8½ oz. cans	Cans defective	Buried at tiphead.
Raisins	90 lbs.	Mould formation	Buried at tiphead.
Cheese	49 lbs.	Maggot infestation	Buried at tiphead.
Ground nutmeg	3 cartons	Suspected insect fragments.	Analyst reported goods sound. Released.
Raisins	10 lbs.	Mould formation	Buried at tiphead.
Canned fruit	82 lbs. 2 ozs.	Cans defective	Buried at tiphead.
Clove Stems	5 bags	Damaged by water	Dried at owner's premises. Released.
Tomato Puree	45 × 10 lb. cans	Holed or blown cans	Buried at tiphead.
Peeled Shrimps (c)	Consignment	Apparent blowing of cans	Contents sound. Released.
Ground peanuts	Consignment	Suspected insect fragments.	Analyst reported goods sound. Released.
Dates	Consignment	Suspected mite infestation	Analyst reported goods sound. Released.
Dried Soups	6 cartons	General deterioration	Destroyed by burning.
Pears and Fruit Cocktail (canned)	38 pears (c) and 3 fruit cocktail.	Defective cans	Buried at tiphead.
Fig paste	19 cartons	Contaminated by dirt	Garbled and released.
Figs	9 boxes	Contaminated by dirt	Garbled and released.
Rice	500 bags	Insect infestation	Fumigated, screened and aspirated. Released.
Saccharin Tablets	2 cases	Old stock. 10 years in store.	Analyst reported goods sound. Released.
Mixed Foods	1 case	General deterioration	Buried at tiphead.
Slab dates	Consignment	Suspected insect infestation.	Analyst reported goods sound. Released.
Cocoanut fruit	80 cartons	Mould and insect infestation.	Buried at tiphead.
Dried soups	5 cartons	General deterioration	Destroyed by burning.

FOOT AND MOUTH DISEASE (DISPOSAL OF SWILL) ORDER, 1938.

This Order prohibits the landing or casting into the waters of the Harbour of refuse from foreign-going ships. In the case of naval vessels visiting the Port it has been the practice for some years to make special arrangements for the removal and destruction of garbage. The task of removing and destroying the swill is carried out by the Corporation Cleansing Department. The refuse is either burned or destroyed by deep burying at a tiphead. The containers for the swill and the vehicles employed are disinfected after use.

During the year, swill from 14 naval ships, visitors to the Port, was removed and destroyed as above, and the number of days on which such work was carried out was 28.

INFECTIOUS DISEASES (AMENDMENT) REGULATIONS, 1952.

Eighty-five budgerigars were imported without licence in contravention of the terms of the above Regulations. The birds were seized by the Customs Authorities and were then handed over to the Royal Zoological Society. In each case the birds were collected at the Port by an official of the Society.

INSPECTION OF SHIPS FOR NUISANCES.

Nuisances discovered on board ships were as follows :—

Cockroaches in Galley	29
Rat Harbourage	19
Dirty Food Presses	24
Insect Infestation (Store)	1
Dirty Food Store	11
Condensation in Crews' Quarters	4
Dirty Crews' Quarters	15
Dirty Wash Houses and W.C.	38
Choked W.C.	5
Lack of water supply in Crews' Quarters	2
Bedding stored in Foodstore	3

Flea Infestation	1
Black Smoke	4
Defective Ratproofing	8
W.C.s discharging on Quayside	8
Rodent Infestation (Rats)	4
Rodent Infestation (Mice)	7
Defective Bilge Covers	5

In each case verbal notice to have the nuisance abated was given to the Master.

MISCELLANEOUS.

1. A large consignment of packaged soups was detained. It was thought that the importation of the goods would constitute a breach of Article 14 of the Food Hygiene Regulations, 1950, as the labels attached to the containers indicated that the soups included meat and/or meat extract. The matter was reported to the Department of Health and a ruling was sought. The Department's reply indicated that these soups might be regarded as being outside the scope of the Regulations. The goods were then released to the importers.

2. Severe insect infestation in a large storage shed was reported. Examination of the building showed that the infestation was limited to one large stack of cornflour in bags. Following the collection of insects for identification purposes, the infested shed was immediately treated by a fogging machine owned by the Dublin Port and Docks Board. This forced a very fine fog of disinfecting solution containing pyrethrins into the premises. The results were most satisfactory and there has been no recurrence of the trouble.

3. A cargo of horsehair from Paraguay was inspected on arrival at Dublin. The goods were found to be in a clean condition and no further action was considered necessary.

4. All shipping agents and food importers in Dublin were advised by circular letter, that in the case of spillable goods, sweepings from such cargoes would be treated as being unfit for sale for human con-

sumption. In this connection all concerned were reminded of the responsibilities arising from Article 12 of the Food Hygiene Regulations, 1950.

5. The Cork City Medical Officer wrote to report a complaint of excessive condensation of moisture in certain rooms of the s.s. "Irish Pine". When this ship arrived at Dublin a complete inspection of the crew's quarters was made, and it was found that the complaint of excessive condensation was justified. Representations were then made to the owners to have the defects remedied. When the ship next visited Dublin, a further inspection was carried out, and it was seen that the recommended improvements and structural modifications had been put into effect.

INFECTIOUS DISEASES.

1. *Precautions against introduction of Poliomyelitis :*

On August 6th the Master of the m.v. "Birchfield" reported by telephone that he had received a telegram from the Royal Southern Hospital, Liverpool, to the effect that a former crew member of his ship was a suspected case of Poliomyelitis.

Appropriate precautions were at once taken at Dublin. These included disinfection of the cabin used by the sick man, and steam disinfection of his bedding. Special instructions were given to officers and crew as to personal hygiene. Confirmation of the diagnosis of Poliomyelitis was received from Liverpool on August 7th.

The ship was visited daily during her stay at Dublin but no further cases of poliomyelitis were discovered. A full report of the circumstances was sent in advance to the Port Medical Officer at Glasgow —the ship's next port of call.

It was thought at this time that there was a definite risk of the introduction of Poliomyelitis through the Port of Dublin, and it was believed that ships coming from the Manchester area constituted the greatest danger. A special watch was thus placed on Cross Channel vessels, and during the month of August all such ships were visited by the Port Health Inspectors either on or shortly after arrival. These visits to vessels from Cross Channel ports were carried out in addition to the normal routine visits to, and inspections of ships from foreign ports. In this way an extra 64 ships were visited.

On August 16th a telephone message was received from the Department of Health to the effect that on that day a suspected case of Poliomyelitis had been landed at Liverpool from the s.s. " Kerry " which was due at Dublin on August 17th. The ship was met and boarded by the Port Medical Officer on her arrival at Dublin at 5.30 a.m. on August 17th, and the Master, ship's Officers and crew were interviewed. Preventive measures against the possible spread of Poliomyelitis were taken, and these included disinfection of the room which the sick man had occupied, and steam disinfection of bedding and bed clothes. Contacts were advised as to the precautions to be taken to prevent spread of the disease to their families.

The s.s. " Kerry " was visited daily during her stay in Dublin.

On August 22nd word was received from the Medical Officer of Health at Liverpool that the diagnosis of poliomyelitis in the suspected case had not been confirmed.

2. A mild outbreak of gastro-enteritis occurred on board the s.s. " Bauta ". In all, four persons were affected but one of these had quite recovered when the ship arrived at Dublin. Investigations made included the submission of specimens of faeces to the City Bacteriologist who subsequently reported that no organisms of the Salmonella or Dysentery groups had been found. No further cases occurred before the ship sailed. The Medical Officer to the Irish Shipowners' Association reported the outbreak in the first instance.

3. *Smallpox Vaccination :*

Efforts continued to be made to improve the vaccination state of persons employed in the Port area. Consultations were held with the Harbour

Master who then arranged to send a special letter to Pilots, Harbour Police, Berthing and Dockgate staffs. This letter exhorted those who were most directly concerned with the arrival of foreign ships to come forward for vaccination. With the Harbour Master's letter was forwarded a copy of the leaflet produced by the Department of Health—" Advice for Persons at Special Risk ". With the permission of the Chief Preventive Officer, Customs and Excise, copies of the same leaflet were sent to all Customs Officers who are engaged on boarding and rummage duties.

STAFF CHANGE.

Miss E. Quigley resigned her appointment as Clerk-Typist with effect from August 18th. Miss M. F. Smith reported for duty as Clerk-Typist on August 8th.

ACKNOWLEDGMENT.

I wish to record my appreciation of the collaboration and assistance afforded throughout the year by the staff of the Dublin Port and Docks Board, the Officers of Customs and Excise and the staffs of Shipping Companies, Agents and Importers. I offer my thanks to the staff of the Port Health Service for their enthusiastic and loyal service.

VETERINARY DEPARTMENT.

Sean O'Donovan, M.R.C.V.S., D.V.S.M.,

Chief Veterinary Inspector and Superintendent of Abattoir.

STAFF:

Deputy Chief Veterinary Inspector :
J. M. Murphy, M.R.C.V.S., D.V.S.M.

Deputy Superintendent of Abattoir :
J. M. Morris, M.R.C.V.S.

Veterinary Inspectors :
D. Reeves, M.R.C.V.S., D.V.S.M.
P. J. Nolan, M.R.C.V.S.
M. O'Boyle, M.R.C.V.S.
O. C. O'Hare, M.R.C.V.S.
J. A. Fallon, M.R.C.V.S.
John Corr, M.R.C.V.S.

Health Inspectors :
9 (including 1 at Abattoir and 1 Milk Sampling Officer).

Clerical Staff :
6 members.

The Duties of the Veterinary Department are classified as follows :—

1. Milk Inspection.
2. Meat and other Food Inspection and Duties under Food Hygiene Regulations, 1950.
3. Duties under Diseases of Animals Acts.
4. Bacteriological Laboratory.
5. Attendance on Animals the Property of the Corporation.

MILK INSPECTION.

On 31st December, 1956, the following were entered in the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935 :—

No. of Dairymen Registered	2,833
No. of Premises Registered	2,679
No. of City Producers of milk Registered	119

211 vehicles were registered for 175 producers of milk outside the city.

During the year 197 premises comprising 183 milk shops, 8 milk stores, 6 dairy yards were registered. Refusal of registration orders were served in respect of applications for 7 premises.

The following is a summary of the Dealers' Licences issued under the Milk and Dairies (Special Designations) Regulations, 1938 :—

No. of licences issued	1,381
No. of premises licensed	1,431
No. of licences issued for sale of Pasteurised Milk	1,378
No. of licences issued for sale of Highest Grade Milk	3

Refusal Orders were served on 5 applicants for Dealers' Licences. Regular inspections of milk shops and milk stores were made by inspecting officers to ensure that the provisions of the Act were being complied with ; in the course of the year 5,406 inspections were made. When any breach of the conditions was observed, the matter was reported, and, if the Law Agent deemed it advisable, legal proceedings were instituted against the offender.

MILK SAMPLING.

During the year 38 samples of milk sold under General Designations and 586 samples sold under Special Designation were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examinations to an official bacteriologist appointed under the Act. The samples of milk sold under special designation were taken from persons selling under the designation "Pasteurised Milk", and who were empowered to do so by virtue of a Dealer's Licence issued by the Corporation, and from persons selling milk under the designation "Highest Grade Milk", and who were empowered to do so by virtue of a Producer's Licence issued by the Department of Agriculture. A summary of the results is shown below :—

Total Living Organisms per c.c.	General Designation		Special Designation	
	Winter	Summer	Winter	Summer
Not exceeding 1,000	—	—	12	8
Over 1,000 but not over 50,000	16	17	246	214
,, 50,000 ,, ,, 100,000	—	2	20	36
,, 100,000 ,, ,, 200,000	1	3	5	26
,, 200,000 ,, ,, 300,000	—	—	2	7
,, 300,000 ,, ,, 400,000	—	—	1	3
,, 400,000 ,, ,, 500,000	—	—	1	1
,, 500,000 ,, ,, 600,000	—	—	1	—
,, 600,000 ,, ,, 700,000	—	—	—	1
,, 700,000 ,, ,, 800,000	—	—	1	—
,, 800,000 ,, ,, 900,000	—	—	1	—
exceeding 900,000	—	—	1	4
TOTALS	16	22	286	300

SEDIMENTATION (OR DIRT) TEST.

This test was carried out in 138 cases. It has a strictly limited value. It is easily applied and the results can be demonstrated to the vendor at the time of examination. It reveals only gross contamination by physical dirt (e.g. dust, hair, etc.), and gives no indication of the amount of bacterial contamination. A summary of the results is given below:—

Year	No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
1956 ...	138	51	47	38	2	—

In addition to the foregoing sampling, 481 samples were forwarded to the State Chemist, on behalf of the Minister for Agriculture, who is the licensing authority for the production or pasteurising or bottling of all milk for sale under special designation. This total comprised 142 samples of Highest Grade Milk and 339 samples of Pasteurised Milk. During the year, for the whole country, 64 persons were the holders of licences for either the production or bottling of Highest Grade Milk. From 48 of these licence holders, milk was delivered in the City. Similarly, 42 persons were the holders of licences for either the pasteurisation of milk or the bottling of Pasteurised Milk, and 10 of these delivered milk in the City.

EXAMINATION OF MILCH COWS IN CITY DAIRY YARDS.

Special visits were made to City Dairy Yards for the purpose of examination of the cows housed therein. Samples of milk were taken from cows with abnormal udders and microscopically examined. In two cases tubercle bacilli were found and the animals were immediately slaughtered under the Bovine Tuberculosis Order, 1926. No animal was found to be suffering from chronic cough and showing definite clinical symptoms of tuberculosis.

Notices interdicting the sale of milk from cows affected with other forms of mastitis were served on the owners. In the cases of abnormal udders, the milk from which was negative on microscopic examination, samples were submitted to biological tests. These precautions were adopted to ensure that all cows with tuberculous udders were detected.

The following is a summary of the work :—

No. of cows housed in City Dairy Yards	3,046
No. of special visits to Dairy Yards	293
No. of examinations of milch cows	6,951
No. of cows from which separate samples of milk were taken for bacteriological examination	98
No. of samples taken and bacteriologically examined	103
No. of cows for which notices interdicting the sale of milk were served	20
No. of cows in City Dairy Yards found with tuberculosis of the udder	2
No. of cows in City Dairy Yards found with definite clinical symptoms and chronic cough	—

Summary of Prosecutions for Offences in Connection with Sale of Milk.

Offence	No. of Cases	Fines	D.P.O.A.	Costs	Court Poor Box
Sale of milk from unregistered premises ...	5	£1 10s.	3	£2 2s.	£1
Sale of pasteurised milk without licence ...	14	£3 5s.	7	£3 3s.	—
Foreign body in bottle of milk	2	£10	—	—	—
Cows unclipped and dirty. No boiling water. Store dirty	1	£7	—	—	—
TOTAL	22	£21 15s.	10	£5 5s.	£1

MEAT INSPECTION.

Number of animals slaughtered at the Corporation Abattoir :—

Bulls	409
Bullocks	10,727
Cows	5,849
Heifers	22,356
Calves	664
TOTAL CATTLE	40,005
Sheep	160,895
Swine	24,500
TOTAL ANIMALS	225,400

Number of Victuallers using the Abattoir	124
Number of Pork Butchers using the Abattoir	37

Wholetime inspection was carried out at the Abattoir and inspection of the weekly Cattle Market was made. Weekly store cattle sales and special sheep sales were also inspected.

The amount of unsound meat condemned at the Abattoir was :—

Tons	Cwts.	Qrs.	Lbs.
394	11	2	16

CYSTICERCUS BOVIS.

Total number of cattle examined by Corporation Veterinary Officers	17,724
Total number of cattle affected	79
Percentage affected	·45%

Carcases Wholly or Partially Condemned by the Corporation Staff at the Abattoir during the Twelve Months ended 31st December, 1956.

	CATTLE		SHEEP		SWINE	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis ...	148	2,915	—	—	11	612
Traumatism ...	13	4,174	6	526	—	447
Oedematous and Wasted ...	48	—	39	—	—	—
Gangrene ...	1	—	—	—	—	—
Redwater ...	1	—	—	—	—	—
Moribund and Ill Bled	16	—	12	—	3	—
Decomposition ...	9	—	58	—	5	—
Septic conditions	39	253	18	61	24	25
Carcinoma ...	14	—	7	—	2	—
Swine Erysipelas	—	—	—	—	2	—
Other Conditions	74	2,478	47	453	49	428
TOTALS ...	363	9,820	187	1,040	96	1,512

Abattoir Post Mortem Examination of Tuberculous Carcases (By Corporation Staff).

Organs, Etc., Condemned.	Cows	Heifers	Bullocks	Bulls	Calves	Total
Pleura	95	54	28	1	4	182
Peritoneum ...	72	36	17	1	2	128
Pericardium ...	2	2	—	—	—	4
Lung Subst. ...	183	100	58	1	7	349
Liver Subst. ...	73	73	48	1	4	199
Spleen Subst. ...	29	27	15	1	4	76
Kidney	42	13	17	2	4	78
Uterus	38	9	—	—	—	47
Udder	9	—	—	—	—	9
Prescapular ...	18	16	26	—	2	62
Precrural ...	40	8	12	—	2	62
Popliteal ...	10	7	11	—	—	28
Ischiatic ...	1	4	1	—	—	6
Dorsal	1	1	—	—	—	2
Suprasternal ...	47	15	13	—	2	77
Iliac	17	14	17	—	—	48
Sublumbar ...	1	—	2	—	—	3
Submaxillary ...	—	—	1	—	—	1
Pharyngeal ...	122	234	71	1	3	431
Prepectoral ...	10	6	1	—	—	17
Bronchial ...	427	289	137	3	12	868
Mediastinal ...	280	225	112	1	10	628
Mesenteric ...	199	141	71	1	7	419
Portal	194	159	79	1	5	438
Renal	22	26	17	—	2	67
S. Mammary ...	16	8	—	—	—	24
S. Inguinal ...	—	—	4	—	—	4
Condemned						
Whole	72	35	33	1	7	148
Partial	29	35	19	—	—	83
Strippings ...	24	19	4	—	—	47
Organs only ...	454	473	129	2	6	1,064
	TOTAL NUMBER OF ANIMALS AFFECTED ...					1,342
No. of Animals killed.	2,466	13,070	1,476	48	664	
	TOTAL NUMBER OF ANIMALS KILLED ...					17,724
Percentage Affected	23.48	4.3	12.5	6.3	2	
	PERCENTAGE OF TOTAL AFFECTED ...					7.56

Return of Organs, etc., Condemned by the Corporation Staff at the Abattoir for Twelve Months Ending 31st December, 1956.

	Cattle	Sheep	Swine
LUNGS :			
Tuberculosis ...	1,099	—	272
Abscesses ...	15	14	3
Pneumonia ...	58	5	117
Pleurisy	23	19	439
Parasitism ...	1	1	3
Cysts	2	—	—
Other conditions ...	69	19	16
HEARTS :			
Tuberculosis ...	752	—	268
Other conditions ...	123	45	413
STOMACHS :			
Tuberculosis ...	506	—	157
Other conditions ...	69	26	85
INTESTINES :			
Tuberculosis ...	506	—	157
Other conditions ...	69	26	85
SPLEENS :			
Tuberculosis ...	76	—	24
Other conditions ...	10	—	—
LIVERS :			
Tuberculosis ...	547	—	261
Abscesses ...	180	4	8
Necrosis	14	—	—
Cirrhosis	291	4	88
Echinococcus ...	8	—	—
Distomatosis ...	1,019	78	19
Cav. Angioma ...	29	1	—
Other conditions ...	116	72	330
KIDNEYS :			
Tuberculosis ...	27	—	26
Nephritis	20	—	1
Cysts	5	—	20
Other conditions ...	37	17	29
UTERI :			
Tuberculosis ...	43	—	—
Other conditions ...	—	—	—
HEADS :			
Tuberculosis ...	607	—	750
Actino	86	—	—
Abscesses ...	8	2	3
Other conditions ...	99	4	2
TONGUES :			
Tuberculosis ...	607	—	750
Actino	86	—	—
Other conditions ...	107	6	5

Return for 1956 of Animals Examined by Department of Agriculture Veterinary Staff at Corporation Abattoir.

Class of Animal	No. Killed	Carcases Affected	Condemnations for Tuberculosis							Condemnations for other conditions		
			Car-cases	Part Car-cases	Hearts and Lungs	Stomachs	Intes-tines	Livers	Heads	Heads C. Bovis	Livers for Distom. Paras. etc.	Carcases
Cows ...	3,383	693	44	87	545	243	243	270	261	10	2,561	3 (1 Carcinoma 2 Septic conditions)
Bulls ...	361	42	2	1	30	12	12	13	19	—	159	1 (Oedema).
Bullocks	9,251	1,144	18	80	842	290	290	318	454	18	3,699	—
Heifers	9,286	842	20	65	593	233	233	226	363	10	2,695	—
TOTAL ...	22,281	2,721	84	233	2,010	778	778	827	1,097	38 (= ·17%)	9,114	4

Number of Sheep killed for export : 88,181.

PRIVATE SLAUGHTERHOUSES.

Number of private slaughterhouses	48
Number of bacon factories	3
Number of export meat factories	1

(NOTE: The bacon factories and the export meat factory are Supervised by the Veterinary Staff of the Department of Agriculture).

Number of horse slaughterhouses (for proprietory dog food)	1
Number of knackers' yards	1
Number of victuallers using private slaughterhouses	136
Number of inspections of slaughterhouses	7,569

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES.

Cattle	34,658
Sheep and Lambs	132,080
Pigs	2,016

The total number of pigs slaughtered in the three bacon factories for the year was 58,157.

There were 6,786 cattle and 1,174 sheep slaughtered in the export meat factory during the year.

NUMBER OF ANIMALS TOTALLY CONDEMNED IN PRIVATE SLAUGHTERHOUSES.

Cattle	58
Sheep	11
Pigs	1

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 90 tons, 4 cwts., 2 qrs., 6 lbs.

CYSTICERCUS BOVIS.

Total number of cattle examined	32,900
Total number of cattle affected	79
Percentage affected	·24

SLAUGHTER OF ANIMALS ACT, 1935.

Slaughter licences were issued under the Act to 145 applicants, and the fees received amounted to £36 5s. 0d.

FOOD COMPLAINTS.

During the year 28 complaints were made by members of the public concerning food purchased by them in the city. Each complaint was investigated and, where necessary, an examination was made of the food on the vendor's premises.

The following is a list of the various articles submitted for examination showing the number of complaints :—

Meat	17
Fish	2
Milk	8
Fowl	1

On four occasions unsound food was reported for inspection and condemned as a result of consequent visits. Veterinary Inspectors made 520 visits to food shops, depots and cold stores. Wholesale premises and factories, etc., were visited also. Meat supplies to Municipal Hospitals both inside and outside the city were inspected periodically as were the supplies to the schools under the School Meals Scheme. Complaints concerning the milk supplies were also investigated. The Corporation Wholesale Fish Market was inspected by Veterinary and Health Inspectors on 268 occasions.

TOTAL WEIGHT OF UNSOUND FOOD FOR THE YEAR.

	Tons	Cwts.	Qrs.	Lbs.
Meat and Organs, Beef, Mutton, Pork, Bacon	486	16	1	16
Fowl and Game	—	2	2	1
Fish	1	5	—	9

FOOD HYGIENE REGULATIONS, 1950.

During the year 36 new applications for registration, classified as follows, were received : Beef Butchers, 14 ; Pork Butchers, 3 ; Beef and Pork Butchers, 4 ; Fish and Poultry, 9 ; Manufacturing and Wholesale, 6. The premises in each case were inspected, and the applicant was notified of registration, provisional registration or refusal. In addition premises which were provisionally registered at the close of 1955 were dealt with. The following table gives the position at the end of the year.

Type of Food Business	Registered	Provisionally Registered	Extended Provisional Registration	Refused	Appeal
Beef Butcher	295	4	—	9	3
Pork Butcher	121	—	1	5	4
Beef and Pork Butcher ...	20	—	1	—	—
Fish, Poultry, Rabbits ...	76	3	—	7	—
Food Manufacturing and Wholesale	47	—	—	3	—
Ice Cream Manufacturing	21	—	—	—	—
Milk Bar, Cafe, etc. ...	9	—	—	—	—
Fish and Chip Saloon ...	1	—	—	—	—
Total	590	7	2	24	7

Under the Regulations an applicant who is refused registration has the right of appeal to the Minister for Health. At the close of the year, of a total of 24 refusals shown in the Register of Food Premises, 7 cases were under appeal.

During the year one refusal order was confirmed by the Minister. Six appeals were allowed on satisfactory completion of the requirements, and the premises were duly registered. In two cases of refusals which were under appeal the appeal was subsequently withdrawn.

Under Article 44, Sub-Articles 2 and 3, 22 entries were cancelled in the Register of Food Premises.

Under Article 44 (1) the registration of 11 applicants who transferred their business was cancelled, and the new proprietors' names were entered in the Register.

Apart from the supervisory visits of Veterinary Inspectors, 10,150 inspections of food premises were made by Health Inspectors during the year.

There were three prosecutions under the Regulations during the year. Two were dismissed under the Probation of Offenders Act and the third was struck out.

Diseased and Suspected Animals dealt with in Markets, Lairs, etc., under Food Inspection during the Year 1956.

Animals dealt with		How Carcases were dealt with				Removed outside our Jurisdiction
		Passed	Condemned			
			Total	Partial	Organs only	
Cattle ...	54	6	5	9	11	23
Sheep ...	3	3	—	—	—	—
Pigs ...	5	1	1 dead to O'Keefes	2	—	1
TOTAL ...	62	10	6	11	11	24

DISEASES OF ANIMALS ACTS.

An extensive outbreak of Swine Fever in the city occurred in the month of August, 1956.

On Saturday, 18th August, at a conference in the offices of the Department of Agriculture the Corporation Veterinary Department was requested to undertake the work of the cleansing and disinfection of the infected premises.

Many of the piggeries were in a very unhygienic condition. There were many wooden divisions, etc., which had to be demolished and much rubbish which had to be removed. It was also found necessary in most cases to use powerful hoses loaned by the Fire Brigade. A total of 58 premises, some of which were very extensive, housing hundreds of pigs, were cleansed and disinfected.

This work was completed on 22nd October, and no more outbreaks were reported until 20th November, when one further outbreak occurred. Cleansing and disinfection of this premises was proceeded with immediately after the affected animals had been slaughtered. No more outbreaks occurred in the year 1956.

Bovine Tuberculosis Order.

No. of cows found to be affected with tuberculosis of the udder	4
No. of animals found to be showing definite clinical symptoms of tuberculosis with chronic cough	2
No. of animals reported by owner under the Bovine Tuberculosis Order and found not to come within its provisions	1
No. of cows with abnormal udders in City Dairy Yards, on samples of milk being bacteriologically examined, found not to be affected with tuberculosis of the udder	96
Total number of animals dealt with	103

Six animals were found to come within the scope of the Bovine Tuberculosis Order. Four of these were slaughtered by the owner or his agent. The other two were slaughtered by the Local Authority. The agreed valuation of the two animals amounted to £65 and compensation amounting to £33 15s. 0d. was paid to the owners.

Routine work, mainly of a preventative nature, was carried out under the other Diseases of Animals Acts and Orders.

THE NUMBER OF ANIMALS IN CATTLE MARKET DURING THE YEAR.

Period	Beasts		Calves	Sheep	Pigs
	Fat	Dairy			
March Quarter	63,954	1,670	1,322	85,520	17,458
June Quarter	50,248	1,210	2,146	98,912	19,973
September Quarter ...	63,066	2,183	1,237	107,642	11,393
December Quarter ...	61,845	1,782	1,371	86,808	6,386
TOTAL	239,113	6,845	6,076	378,882	55,210

SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING THE YEAR 1956.

Period.	Store Sheep.	Store Cattle.
March Quarter	—	13,137
June Quarter	—	22,499
September Quarter	15,147	20,026
December Quarter	9,959	23,091
TOTALS	25,106	78,753

BACTERIOLOGICAL LABORATORY.

MICROSCOPIC EXAMINATION OF MILK.

SAMPLES OF MILK FROM COWS IN CITY DAIRY YARDS.

Number of examinations	103
Streptococci	33
Tubercle Bacilli	3
Other organisms	3
Negative	64

SAMPLES OF SPUTUM.

Number of examinations	2
Tubercle Bacilli	—
Negative	2

Biological Examination of Milk.

Group Samples.

Number of examinations .... 13 All Negative.

Direct Samples.

Number of examinations .... 12 All Negative.

Control Samples taken at Infant Aid Depots.

Number of examinations .... 16 All Negative.

Control Samples taken at Hospitals.

Number of examinations .... 29 All Negative.

Miscellaneous Control Samples.

Number of examinations	99
Positive	2
Negative	97

Microscopic Examination (General).

Blood Films for Anthrax.

Number of specimens .... 29 All Negative.

Attendance on Animals the Property of the Corporation.

During the year 1956, sixty-seven visits were made by Veterinary Inspectors to Crooksling Sanatorium Farm and the animals thereon received Veterinary attention when necessary.

Ten freshly calved cows were purchased in the Spring of the year for the farm subject to the tuberculin test and the agglutination test for contagious abortion.

One horse was also purchased for Crooksling and another for the Waterworks at Bohernabreena.

Due to the closing of Crooksling as a sanatorium the farm animals were disposed of and the last of the herd was sold by public auction on 19th November, 1956.

HOUSING.

The survey of the Central City was begun in March, 1954, by a group of Health Inspectors under the guidance of Mr. M. Gorman, and a group of Building Inspectors who worked under the supervision of Mr. Culliton. Later an additional group of Health Inspectors, under Mr. P. Duffy, made a selective survey of the suburbs. All these workers were under the general direction of Mr. Michael Burke, who was responsible for the collation and analysis of the figures. Mr. Kevin Quinn helped to produce the final figures.

45,984 houses were inspected, and in these 57,576 families lived. 4,528 houses were found to be unfit and incapable of being made fit, and 14,084 houses had some defect. The Survey of this large number of houses took 2½ years, and as the beginning was slow, the figures for housing needs given are calculated to be those on the 1st January, 1956.

9,711 families were found living in these unfit houses incapable of being made fit, but it was suggested that this figure could be reduced if some owners would avail of Grants under Section 12 of the Housing (Amendment) Act of 1954 to repair their property. Having taken this into account, the figure for unfit houses was reduced to 3,132, and the number of families living in them to 8,098.

In the Town Plan for this City, 61 areas are designated " Development Areas " where the Corporation hopes over a period of years to build new dwellings, either as houses or Flats. For the proper development of these Areas, families living in fit or defective property will have to be disturbed and re-housed, and these have to be taken into any account of housing needs.

In a pilot survey made in early Summer of 1956 by the Health Inspectors attached to the Sanitary Department, it was found that 8% of Corporation houses have sub-tenants. As there are over 38,000 Corporation houses, the number of sub-tenants should approximate to 3,000. A large number of these are living in small family dwellings and there is no overcrowding, but it is estimated that houses should be provided for at least 1,500 families.

It must be remembered that if families living in overcrowded conditions in fit houses or in houses that can be made fit are re-housed, apartments are left which may in theory be redistributed over the other families in the house. Therefore, when I say that there are 2,438 families living in overcrowded conditions, it does not mean that all these should be re-housed. I believe that if new houses or flats are provided for half, there should be sufficient accommodation spread out over the remaining families to provide satisfactory living conditions as regards accommodation.

There are 2,698 families living 4 plus in 1, 5 plus in 2, and 8 plus in 3, who are not overcrowded according to air space or sex, but for some of whom accommodation should be provided in order to allow the remainder to have reasonable living conditions. I estimate that, outside the Redevelopment Areas, new housing for approximately 1,100 of this class should be provided.

On the basis of these figures I reported to the Housing Committee of the Corporation that my estimate of the housing needs of the City was as follows :—

Table I.

(a) Families living in unfit houses		8,098
(b) Families living in overcrowded conditions in fit or defective houses outside Redevelopment Areas	$\frac{2,438}{2}$	1,219
(c) Sub-Tenants in Corporation houses (estimated)		1,500
(d) Families to be displaced from all fit and defective property in Housing Redevelopment Areas		2,365
(e) Families living 4 plus in 1 ; 5 plus in 2, or 8 plus in 3, outside Redevelopment areas should be re-housed		1,100
		14,282

The Town Planning Department, in the course of their street-widening operations, will dispossess an estimated 696 families who are at present living in fit houses.

Table II.

The sizes of the 14,282 families are :

	Total	1 pers.	2 pers.	3 pers.	4 pers. & over
(a) Living in unfit houses ...	8,098	1,894	1,824	1,451	2,929
(b) Living in overcrowded conditions in fit or defective houses outside the Redevelopment Areas ...	1,219	—	62	156	1,001
(c) Sub-tenants in Corporation houses (estimated) ...	1,500	—	—	—	1,500
(d) Families to be displaced from all fit and defective property in Housing Redevelopment Areas ...	2,365	352	543	422	1,048
(e) Families living 4 plus in 1 ; 5 plus in 2, or 8 plus in 3, outside Redevelopment Areas who should be rehoused	1,100	—	—	—	1,100
	14,282	2,246	2,429	2,029	7,578

ACCOMMODATION PROVIDED YEAR 1956.

	1R	2R	3R	4R	5R	Total
COTTAGES :						
Wilkinstown	—	—	8	24	—	32
St. Anne's 1B	—	—	—	—	38	38
Ballyfermot 1V	—	—	20	112	42	174
Rathfarnham 1C	—	—	—	—	84	84
Finglas West 11	—	—	95	425	52	572
Irishtown Road	—	—	—	6	—	6
Coolock Raheny	—	—	10	52	20	82
Total Cottages ...	—	—	133	619	236	988
FLATS :						
Newfoundland St. ...	—	73	24	—	—	97
Newcomen Court	24	—	—	—	—	24
Dolphin's Barn 111 ...	—	16	16	16	—	48
Total Flats	24	89	40	16	—	169

ACCOMMODATION PROVIDED YEAR 1956—continued

	1R	2R	3R	4R	5R	Total
RECONDITIONING :						
Summerhill	1	2	6	—	—	9
York Street	9	7	—	—	—	16
Total Reconditioning ...	10	9	6	—	—	25
ACQUIRED PROPERTY :						
Baldoyle (Acqd. July '55) ...	—	12	25	—	—	37
Total Acquired Property	—	12	25	—	—	37
GROSS TOTALS ...	34	110	204	635	236	1,291

Total No. of Corporation Dwellings at 31/12/56 ... 39,108

Number of families who accepted accommodation in the 1,182 new dwellings from :—

(i) Overcrowded apartments	750	families.
(ii) Unfit dwellings	94	
(iii) Other categories	338	incl. 196 transfers.
Number of families who refused offers of accommodation	800	(approx.)
Number of transfers effected	196	

SANITARY DEPARTMENT.

STAFF.

Chief Health Inspector :—Patrick Coen.

Four Supervising Health Inspectors :—Patrick Lee, Laurence Gaffey, James Sweeney and George Bowles.

35 District Health Inspectors.

4 Food and Drugs Inspectors.

2 Port Health Inspectors.

1 Industrial Hygiene Inspector.

Superintendent and Disinfector attached to Marrowbone Lane Disinfecting Depot.

1 Inspector in Abattoir.

7 Veterinary Department Health Inspectors.

Apart from the routine inspection of their districts which our Inspectors carry out in the interests of the protection of public health, numerous other inspections arise as a result of complaints made to us about insanitary conditions.

During the past year the number of written complaints received and investigations was :—

North City	....	1,735
South City	....	1,767

Because our Inspectors are known in their districts, the number of verbal complaints made to us and investigated by us is innumerable and impossible to record.

We refer many complaints to other Departments for final attention, such as :

Disinfection Depot re Fly Infestation	....	139
Waste Water Section	....	412
City Architect	....	287

These Departments also refer works to us.

Drainage operations during the year	....	922
Amount of recoverable costs furnished	....	£628

SUMMARY OF PROSECUTIONS, SUMMONSES, ETC.

Number of Summonses issued	439
Summonses (ordinary)	288
(disobedience)	21
(Bye-Law)	25
(Cellar Closing)	2
(Section 83/84)	2
Adjourned Summonses brought forward	137
Adjourned Summonses disposed of	76
Summonses adjourned	132
Orders obtained with costs	122
Orders obtained with penalties and costs	8
Orders obtained with no costs	25
Prohibition Orders	35
Prohibition Orders (Cellar Closing)	1
Summonses abated before Court hearing	91
Summonses abated without costs	5
Summonses not served	6
Summonses struck out	16
Owners fined	37
Total amount of fines imposed	£279 15s. 0d.

FOOD HYGIENE REGULATIONS.

CATERING ESTABLISHMENTS:

29 premises received outright registration.
3 premises received provisional registration.
1 premises was refused registration.

FOOD MANUFACTURING PREMISES:

14 received outright registration.
2 received provisional registration.
1 was refused registration.

There were 5 prosecutions under the Food Hygiene Regulations, 1950. Fines totalling £95 were imposed.

HOUSING.

The larger portion of our District Health Inspector's time is given to housing cases. He investigates and reports upon housing applications. He prepares evidence for Housing Inquiries. He frequently brings questions of housing repairs to Court. He is obliged to report upon Repair and Supplementary Grants.

Good class dwellings that are used as multiple dwellings are also inspected by him as owners may not convert a large house into flats without the consent of the Corporation. These latter inspections help towards the prevention of deterioration and overcrowding of multiple dwellings. In some cases, thrifty owners have availed of our Repair Grants to provide proper Flat dwellings with livingroom, bedroom and full sanitary amenities for the use of working class tenants.

During the year, a Housing Inquiry was held in the City Hall which considered 58 houses accommodating 107 families. Demolition and Closing Orders were made and in a small number of cases undertakings were accepted that the owners would not again use the houses for purposes of human habitation after the Corporation had removed the tenants.

In this year, too, our six Health Inspectors who were engaged in housing investigations in the Housing Department have returned to the main body of Health Inspectors so that by degrees each District Health Inspector is becoming responsible for all work of sanitary inspection in his district.

OFFENSIVE TRADES.

In an urban area, unless rigidly controlled, offensive trades may give rise to numerous nuisances. No one may establish such trade in the City without the prior consent of the Corporation under penalty of £50. Offensive trades generally are concerned with processing of animal matter usually and must necessarily be noxious or offensive. The offensive trades must be designated as such by resolution of the local authority. The list may be added to, from time to time. Apart from action that may be taken by a District Health Inspector, any ten inhabitants of an urban area may compel the urban authority to summon the offender to a Court of summary jurisdiction.

There are half a hundred offensive trades in the City subject to regular inspection and whose licences are renewed annually. None was refused permission to carry on this year.

PIGGERIES.

The code of byelaws with which our Inspectors are most familiar are the Byelaws for the Keeping of Animals. The only animals here that cause trouble are pigs. No piggery is permitted within fifty feet of a dwellinghouse. Unfortunately, in the City there are many such. Our mild and changeable weather, however, is a great aid towards the abatement of smell nuisances. During the year we had a serious outbreak of swine fever in the City and our Inspectors availed of this outbreak to obtain a measure of control over central city piggeries. Our housing activities during the year were used to a like purpose, particularly in the Bridgefoot Street and Pimlico areas where a number of piggeries were abolished.

In a piggery survey of the City carried out in 1954, we found that we had approximately 400 piggeries in the City, housing 9,500 pigs. Our District Health Inspectors' reports showed that only 7% of these piggeries might be held to constitute a public health hazard, if not a public health nuisance.

In January of 1956 the Department of Local Government wrote to the City Manager enquiring to what extent the Corporation was able to obtain and exert control over the City's piggeries. This matter became then the subject of lengthy reports and in June the Health Committee requested the City Manager to have the General Purposes Committee draft new byelaws to empower the Corporation to take the necessary remedial action.

Assistance was also sought from the Town Planning Department, but they were unable to help us.

Meantime, in the fall of the year, most of our City's piggeries became affected by an outbreak of swine fever. The Minister for Agriculture promptly made Orders restricting movement of pigs and in certain cases demanding their destruction. Our Inspectors assisted the Veterinary Inspectors of the Department of Agriculture in carrying out the necessary inspections. Before any pigs were permitted back to an empty piggery our Disinfection Depot carried out a thorough disinfection in each case. The total cost of this disinfection work was £2,471.

FACTORIES.

Our Health Inspector who acts as Industrial Hygiene Inspector is also directly concerned with factories.

The number of plans submitted to this Department for the year under review amounted to 361. This shows a slight decrease from the preceding year. The consultations with Architects and Technicians seeking advice prior to the lodgement of plans with the Corporation are still on the increase. The emphasis shown by them on the attainment of a proper standard of environmental and occupational hygiene is more than justified, having regard to the amount of time spent by adults in the enclosed environment of a factory works, shop and office.

Plans dealt with for the reconstruction of existing shops or the erection of new shops amounted to 140, showing an increase on the preceding year. Particular attention by this Department was directed, in the case of food shops, to proper storage accommodation for vulnerable food, sanitary accommodation with wash hand facilities for staff and facilities for the washing of utensils. Adequate means of through ventilation and precautions to prevent the access of flies and rodents to shops or premises where food is stored received particular attention.

Whether it is due to more people " eating out " or to economic circumstances, it is noticeable in the submission of plans that there is a marked increase in the conversion of premises not hitherto used as such into cafes or snack bars. All necessary requisitions were made so that these premises will comply with the Food Hygiene Regulations and Public Health standards.

The Factories (Sanitary Accommodation) Regulations, 1956, which came into operation on 1st October, 1956, necessitated attention to sanitary accommodation in plans submitted for factories. The provision of drinking fountains, cloakroom and canteen facilities were indicated in all cases.

The majority of industrial premises have now changed over to oil as a fuel for firing boilers and the use of solid smokeless fuel in other cases has considerably reduced the atmospheric pollution in the city. Suggestions from this Department as regards the introduction of methods to abate smoke nuisance were readily availed of by managements concerned. The availability of smokeless fuel, either liquid or solid, is a material factor in preventing smoke nuisance.

SUMMARY.

Number of Plans lodged	361
Inspections of Premises	140
Consultations with Technicians	210
Inspections re smoke and grit emission	4

Other Services.

TENEMENTS.

Inspections of Tenement Houses	16,108
Re-inspections of Tenement Houses	3,536
Daily Inspections of Common Lodging Houses	24
Nightly Inspections of Common Lodging Houses	11
Inspections of Weekly Lodging Houses	5

DRAINS.

No. of Drains Tested	64
House Drains Repaired	14
House Drains Cleansed	180
House Drains Inspected	761

SHOPS (CONDITIONS OF EMPLOYMENT) ACT, 1938.

No. of Shops Inspected	725
No. of Shops Re-inspected	50
Works Notices issued	9
Defects Observed	87
Defects Remedied	11
Verbal Notices issued	17

Rebate of Rates.

Owners of houses of not more than £8 Poor Law Valuation are granted a rebate of twenty per cent. of the Rates of these houses where the City Medical Officer certifies that the houses are in good repair. The number of applications received in this respect was 254. These were in respect of 6,551 ratings. Of these, 181 were rejected.

Housing Repair Grants.

Number of Inspections	1,500

Rag Dealers.

During the year 1956, permission was granted in 26 cases for the carrying on of the business of dealer in rags.

Poisons and Pharmacy Regulations, 1909.

These regulations deal with the sale of poisonous substances containing arsenic, tobacco or the alkaloids of tobacco which are used exclusively in agriculture or horticulture for the destruction of insects, fungi or bacteria or as sheep-dips or week-killers by persons other than registered pharmaceutical chemists, chemists, druggists or registered druggists.

Such persons must be duly licensed by the local authority and conform to regulations as to the keeping, transporting and selling of these poisonous substances.

Number of Persons Licensed	28
Number of Premises	10
Number of Inspections	40

The regulations are being complied with in a satisfactory manner.

Female Domestic Servants' Registries.

The Bye-Laws made under Section 85 of the Public Health Acts (Amendment) Act, 1907, deal with the registration of a person who proposes to carry on, for the purpose of private gain, the trade or business of keeper of female domestic servants' registry and also the premises in which such trade or business is carried on. The Bye-Laws prescribe regulations for the proper conduct of the trade or business, having particular regard to the prevention of fraud and immorality.

During the year, there were ten Female Domestic Servants' Registries in operation and they were inspected periodically regarding their compliance with the Corporation Bye-Laws.

BATHS AND WASH HOUSES.

	Tara Street Baths	Iveagh Baths
Swimmers (exclusive of Clubs)	84,708	21,310
Reclining Baths	28,484	1,049
Wash Houses	12,905	—
	126,097	22,359

During the year a total of 95 Swimming Clubs, Schools and Colleges, were granted exclusive bookings.

FOOD SEIZURES.

The following is a list of foodstuffs unfit for human consumption seized by our Inspectors or surrendered voluntarily by the owners :—

166 gal. tins of Tomato Puree.
6 cases (18 doz.) tins of Milk.
27 lbs. 1½ ozs. Bacon.
22½ ozs. Butter.
15 lbs. 2 ozs. Cooked Ham.
2 lbs. Pressed Corned Beef.
4,800 Cans Grapefruit.
2,700 cans Miscellaneous Canned Foods.
1 ten-oz. tin [redacted] Beans.
1 five-oz. tin [redacted] Peas.
1 carton small packages of Sweets.
230 tins Jam, Fruit and Tomato Juice.
1 tin (6 lbs.) Corned Beef.
6½ lbs. Ham.
11 half-pound jars Sea Salmon Cuttings.

6 st. Flour.
5 tons Canned Goods (biscuits, fruits, apples, peas and beans) and Mixed Foodstuffs (bread, flour, sugar and tinned goods).
2½ tons Mixed Foodstuffs (bread, flour, sugar and tinned foodstuffs).
14 Cabbages.
10 Bunches Rhubarb.

SALE OF FOOD AND DRUGS AND MARGARINE ACTS.

A list of foods, etc., sent for analysis to the City Analyst is given by him in his report. The following are the results of legal action taken :—

Foodstuffs Sampled	No.	Number of Adulterated	Number of Prosecutions	Number of Convictions	Penalties
Milk	2,374	15	14	14	Fines : £21 10s. Costs, £3 13s. 6d. Poor Box: £8 10 .
Skimmed Milk ...	10	1	1	1	P.O. Act £3. Court Poor Box.
Buttermilk ...	11	1	1	1	£1 Fine : £1 10 . Costs.
Minced Meat ...	51	3	3	3	P.O. Acts. Costs : £1 1s.; Poor Box £4.
Vinegar ...	56	4	4	4	Fine £7. Costs £4. Poor Box 10s.
Whiskey ...	116	7	6	5	Fines £49. Costs £1 1s. 1 case adjourned.
	One Refusal and Obstruction				Fines £10. Costs £2 2s.
Sweet Spirit of Nitre	1	1	1	1	P.O. Act and £1 1s. Costs.
Rum	2	1	1	1	Fine £10. Costs £1 1s.
Ice Cream ...	210	2	2	2	Fine £5. Costs £2 2s. Poor Box £1.
Flake Almonds ...	1	1	1	1	Fine £5. Costs £1 1s.
White Pudding ...	33	1	No legal action		Traders warned for not declaring presence of preservatives.
Sausages ...	82	7	No legal action		
Hamburger ...	2	1	No legal action		
Icing Sugar ...	25	1	No legal action		Warning letter sent
Sultanas ...	18	1	No legal action		Warning letter sent
Butter	313	1	No legal action		
Bread and Butter	1	1	No legal action		

CITY BACTERIOLOGY LABORATORY.

J. H. Stritch, City Bacteriologist.

Table No. 1 shows the numbers of specimens received from various sources during the year at the Central Laboratory in Crumlin.

Table No. 1.

Ballyowen Sanatorium	2,805
St. Mary's Chest Hospital	450
Clonskeagh Fever Hospital	2,723
Charles St. Clinic	2,371
Nicholas St. Clinic	771
Crumlin T.B. Clinic	300
St. Clare's Hospital	379
James Connolly Memorial Hospital	4,280
Mass Radiography Centre	42
Primary Clinic	4
Crooksling Sanatorium	153
Private Practitioners	278
Public Health Department	1,961
Veterinary Department	5
Sanitary Department	3
B.C.G. Clinic	21
Child Welfare Department	12
St. Ultan's Hospital	32
Dublin County Council	13
Port Health Office	2
Total	16,605

In addition 7,150 specimens were examined under my supervision at St. Mary's Chest Hospital, 2,425 at Crooksling Sanatorium and 3,209 at James Connolly Memorial Hospital making a total of 29,389 as compared with 28,752 in 1955.

Many of the specimens required more than one test and Table No. 2 shows the number and variety of examinations made in the Crumlin Laboratory. The laboratories at Crooksling, St. Mary's and the James Connolly Memorial Hospitals were concerned mainly with examinations for tuberculosis, including culture for this organism.

TABLE NO. 2.

Samples of Water	674
,, ,, Milk	37
,, ,, Food	12
Swabs for C. diphtheriae	3,619
,, ,, B. Haemolytic Streptococci	377
,, ,, Vincents Angina	234
,, ,, Other organisms	62
Specimens of Blood for Widal Reaction and Vi	52
,, ,, ,, ,, Blood Culture	13
,, ,, Cerebro Spinal Fluid	42
,, ,, Pleural Fluid	9
,, ,, Urine	605
,, ,, Faeces	672
,, ,, Pus	62
Antibiotic Sensitivity Tests	47
Specimens of sputum for M. tuberculosis (Direct)	7,283
,, ,, ,, ,, Culture for M. tuberculosis	3,552
,, ,, Gastric Contents	550
,, ,, Laryngeal Swabs	2,157
,, ,, Bronchial Swabs	1
Sensitivity Tests of M. tuberculosis :—	
Streptomycin	196
Isonicotinic Acid Hydrazide	191
Paraminosalicylic Acid	185
Viomycin	5
Rats for evidence of plague infection	2
Animal Inoculations	2
Various	29
TOTAL	20,670

Beginning on May 1st, all specimens of faeces received from St. Clare's Hospital for routine examination were also tested for the presence of Bact. coli G.E. of serologically identifiable types. Table No. 3 shows the results of these tests.

TABLE NO. 3.

Total No. Examined		236	Percentage
B. coli 055	....	15	6·4
,, 0111	....	3	1·3
,, 0119	....	1	·04
,, 026	....	2	·08
	TOTAL	21	8·82

The number of specimens received at the Crumlin Laboratory for examination for the presence of tubercle bacilli was 10,455. Culture was required in 6,312 of these and Table No. 4 shows the results of these.

TABLE NO. 4.

Specimen	Total	Positive	Negative	Contaminated
Sputa	3,552	6·2%	92·1%	1·7%
Gastric lavages ...	550	3·3%	95·2%	1·5%
Laryngeal Swabs ...	2,157	5·1%	93·1%	1·8%
C.S.F.	8	30·8%	69·2%	Nil.
Pleural Fluids ...	8	12·5%	87·5%	Nil.
Urines	5	Nil.	100%	Nil.
Various	32	40·5%	59·5%	Nil.

The sensitivity to antibiotics of 208 strains of Myco. tuberculosis was estimated and Table No. 5 shows the results.

TABLE NO. 5.

Antibiotic	Total	Resistant	Sensitive
Streptomycin	196	37·8%	62·2%
Paraminosalicylic acid ...	185	19·4%	80·6%
Isonicotinic Acid Hydrazide ...	191	23%	77%
Viomycin	5	40%	60%

Three of the technicians resigned during the year on receiving better positions and were replaced. Two additional technicians were appointed making possible the increase in numbers of specimens dealt with, and the undertaking of examinations for the Dublin County Council.

At the end of the year the staff consisted of a Senior Technician, four Technicians and a clerk-typist at the Crumlin Laboratory.

In addition two technicians were working at St. Mary's Chest Hospital and one in the James Connolly Memorial Hospital, Blanchardstown.

DEPARTMENT OF THE CITY ANALYST.

H. D. THORNTON, Dublin Region Public Analyst.

I have the honour to submit this report on the work of the City Laboratory for the year 1956.

Mr. B. G. Fagan, who entered the Corporation Service in 1913 and became City Analyst in 1921 in succession to the late Sir Charles A. Cameron, retired on 31st July, 1956, thus terminating a remarkable period of service, the office of City Analyst having been occupied by these two officers successively for a period of 94 years.

Coincident with Mr. Fagan's retirement, proposals by the Minister for Health for the re-organisation of the analytical services of the local authorities throughout the country on a regional basis were implemented in part.

By virtue of an amalgamation order made by the Minister with effect from 1st August, 1956, the offices of Public Analyst for the counties of Carlow, Cavan, Dublin, Kildare, Kilkenny, Laoghis, Louth, Meath, Monaghan, Wexford and Wicklow, for the Corporations of Drogheda, Dun Laoghaire, Kilkenny and Wexford, and the offices of Analyst for Dublin, Balrothery and Rathdown Boards of Assistance and for Grangegorman Mental Hospital Board, were amalgamated with that of City Analyst, to constitute the office of Dublin Region Public Analyst. Appointments to this office are made by Dublin Corporation, and the other local authorities constituting the region recoup the Corporation for the analytical services they receive.

During the year under review, in response to a request made by the Minister for Health in November, 1955, a considerable variety of processed foods were tested for the presence of metallic contaminants—arsenic, lead, copper, zinc and tin. Approximately 180 samples in all were so tested and the results indicated that in the great majority of cases, none of the metals was present to an extent to which exception could be taken.

Final approval was received of the proposal to transfer the City Laboratory from Castle St. to Cornmarket; at the time of writing, work on the conversion of the Cornmarket premises is still in progress, and it is hoped that the transfer may be effected at the end of June, 1957.

Analyses and investigations were carried out on samples submitted under the following headings :—

1. By Inspectors under the Sale of Food and Drugs Acts, the Public Health Preservative Regulations, 1928, and the Food Hygiene Regulations, 1950, for Dublin Corporation and the other local authorities within the Region.
2. Medicines purchased by the Public Assistance Sections of the County Councils, and by the Boards of Assistance.
3. Fortnightly control samples of the City water supplies.
4. Daily control samples of sewage, effluent and sludge, from the Outfall Works, Pigeon House Road.

5. Water samples from local authority supplies throughout the Region.
6. Samples submitted by the Dublin Port Medical Officer.
7. Materials purchased by Corporation Departments.
8. Miscellaneous Materials submitted by public institutions, commercial concerns and private individuals.

Summary of Analyses carried out for Dublin Corporation

Nature of Article.	No. of samples	Department
Food and Drugs Samples ...	5,073	Public Health
Food and Drugs Samples (Informal)	265	,, ,,
Complaint food samples ...	14	Chief Health Inspector
Imported Foods	46	Port Medical Officer
Medical Supplies	19	Child Welfare Centre
City water supplies ...	84	Waterworks
Sewage	295	Main Drainage
Effluent	295	,, ,,
Sludge	290	,, ,,
Solders	7	Waterworks
Lead	1	,,
Fuels : Coal	4	(For use in Corporation establishments)
Turf	2	
Waters : Camac River ...	4	Public Health
Howth Tunnel ...	8	City Engineer's
Sewers	2	,, ,,
Miscellaneous ...	8	,, ,,
MISCELLANEOUS :		
Oil from Outfall Works ...	1	City Engineer's
Sulphuric Acid	1	City Accountant's
Material from vacant site ...	1	Public Health
Seized Food (Margarine) ...	1	Veterinary
Flap Valve	1	Main Drainage
Asphalt	2	Paving
Aspirin Tablets	1	James Connolly San.
Foodstuffs (Suspected food poisoning)	4	Public Health

Sale of Food and Drugs Acts and Preservative Regulations.

The total number of samples submitted by Corporation Inspectors under the above headings was 5,338, of which 265 were "informal" samples. Details and results of analyses are set out below :—

Nature of Article.	Number of Samples.	Number Adulterated
Milk	2,390	15
Butter	313	1
Ice Cream	210	2
Whiskey	116	7
Sausages	82	7
Vinegar	67	6
Minced Meat	51	3
White Pudding	33	1
Buttermilk	11	1
Sultanas	18	1
Icing Sugar	25	1
Ammoniated Tincture of Quinine	7	1
Sweet Spirits of Nitre	3	3
Hamburger	2	1
Boracic Ointment	2	1
Rum	2	1
Bread and Butter	1	1
Flake Almonds	1	1
Skimmed Milk	10	1

In addition, 1,994 samples (all of which proved genuine) were taken of the following foods and drugs:—

Cheese	39	Pepper	14
Lard	52	Marmalade	9
Brawn	7	Stout	15
Flour	17	Raspberry	10
Tapioca	16	Lime Soda	15
Sago	27	Cream Soda	9
Drinking Chocolate	13	Pancake Flour	1
Barley	15	Cream	10
Castor Sugar	10	Blancmange	1
Ovaltine	3	Paxo	3
Sandwich Spread	2	Sister Laura's Food	3
Sweets	64	Coco-Kola	1

Pablum	4	Castor Oil	8
Sauce	10	Sausage Meat	3
Yorkshire Relish	6	Bourn-Vita	5
Cookeen	32	Glycerine	1
Dripping	56	Soup Powder	1
Tripe	2	Apple Juice	1
Self R. Flour	27	Cocoanut	4
Cornflour	39	Honey	2
Tea	35	Lager Beer	1
Corn Flakes	3	Cooking fat	1
Wheaten Meal	2	Black Pudding	23
Glucose	31	Semolina	52
Luncheon Sausage	4	Bread Soda	13
Peas	32	Farola	44
Muscatels	1	Cocoa	13
Currants	17	Cake Mixture	13
Mustard	8	Brown Sugar	5
Salt	14	Neaves Food	7
Sherry	3	Rusks	3
Orange Squash	15	Syrup of Figs	3
Lemonade	14	Dresso	3
Liquid Paraffin	24	Soda Water	5
Linseed Oil	7	Jam	67
Fried Chips	1	Grape Fruit	6
Farinoca	1	Glucose-Mi-Wadi	2
Groats	1	Lemon Soda	4
Peanuts	2	Pineapple	4
Jelly	3	Almond Oil	4
Rice Crispies	1	Cod Liver Oil	25
Bisto	9	Coffee and Chicory	9
Fish Cake	2	Demrara Sugar	3
Frytex	13	Malted Bran	1
Suet	15	Prunes	4
Rice	82	Carrageen Moss	1
Lentils	14	Pepsi-Cola	4
Macaroni	8	Cider	10
Coffee	16	Ciderette	6
Flake Oatmeal	90	Epsom Salts	1
Sugar	38	Ice Lollipop	2
Custard Powder	36	Frat	2
Baking Powder	3	Ground Almonds	5
Split Peas	1	Lemon Curd	4
Candied Peel	13	Treacle	2
Raisins	32	Ginger	1
Dates	13	Pop Corn	1
Chocolate	12	Wine Cocktail	1
Wine	9	Grape Fruit Crush	1
Orange Flash	4	Cascara Sagrada	1
Cidona	6	Tincture of Iodine	3
Olive Oil	15	Bextartar	2

Glace Cherries	6	Instant Whip	1
Mixed Fruit	1	Red Currant Jelly	1
Almond Paste	5	Vitamin B	1
Salad Cream	1	Pickled Onions	1
Port Wine	6	Lemon Barley Water	1
Glucodin	1	Glauber Salts	3
Cordial	1	Banana Squash	1
Liniment of Camphorated Oil	4	Almond Icing	4
		Vermicelli	1
Plum Pudding Mixture	1	Lime Juice Cordial	1

Informal Samples.

Condensed Milk (tins)	17	Glauber Salts	1
Oxtail Soup (tins)	2	Candied Peel	3
Cod Liver Oil	3	Boracic Acid Powder	2
Nutmeg	4	Tomato Juice	1
Jelly	3	Pineapple (tin)	1
Sal Volatile	1	Vinegar	11
Ammoniated Tincture of Quinine	5	Neaves Food	2
		Bextartar	1
Zinc Ointment	4	Olive Oil	5
Peaches (tins)	2	Camphorated Oil	1
Gelatine	1	Mince Pie	1
Gravy Salt	2	Corned Beef	1
Jam	2	Stout	1
Salad Cream	8	Virol	1
Cream	3	Sardines	5
Sweet Spirits of Nitre	2	Tinned Fish	1
Milk of Magnesia	1	Syrup of Figs	1
Yorkshire Relish	1	Spice	1
Plato	1	Soln. Hydrogen Peroxide	1
Egg Substitute	1	Bisodol	1
Marmalade	1	Baking Powder	8
Peas (tins)	11	Fish Paste	1
Milk	16	Andrews Liver Salts	1
Pepper	7	Chocolate Ices	1
Mussells	1	Mustard (tins)	5
Cinnamon	3	Custard Powder	1
Tincture of Iodine	11	Crawfish Tails	1
Honey	1	Bisto	7
Castor Oil	1	Chocolate Mould	1
Lager Beer	3	Liniment of Turpentine	5
Nescafe	1	Calamine Lotion	6
Extract Malt and Cod Liver Oil	1	Golden Syrup	1
		Fruit Cocktail	1
Beans (tins)	5	Coffee and Chicory	3
Chicken and Ham Paste	3	Easter Egg	1
Tomato Ketchup	1	Ice Cream	1
Boracic Ointment	4	Sauce	9
Mint and Vinegar	1	Ice Lollipop	1

Informal Samples—continued

Horseradish Sauce ...	1
Bismuth Carb.	1
Skimmed Milk	1
Pineapple Juice	1
Lemonade Powder ...	1
Barley	3
Glace Cherries	1
Tea	1
Curry Powder	3
Lime Water	2
Yoghourt	1
Nestles Food	1
Brisling	2
Cozo	2
Salmon and Shrimp Paste...	1
Tomato and Cheese Spread	1
Sandwich Spread ...	3
Tayto Crisps	1
Tinned Fruit Salad ...	1
Epsom Salts	2
Lobster Paste	1
Almond Oil	1
French Mustard ...	1

The total number of adulterated samples was 54, of which 6 were "informal" samples.

The nature and extent of the adulteration was as follows :—

Milk (15).—Seven of the adulterated samples were deficient in fats in amounts ranging from 6.60% to 41.66%. Seven were deficient in solids—non-fat, in amounts ranging from 4.71% to 11.56%. One sample was deficient in both fat (8.33%) and solids—non-fat (4.71%).

Skimmed Milk.—The adulterated sample was deficient in solids—non-fat by 15.11%.

Buttermilk.—The adulterated sample was deficient in solids—non-fat by 29.03%.

Whiskey.—The seven adulterated samples contained excess water in amounts ranging from 2.0%–19.1%.

Sausages.—The Public Health (Saorstat Eireann) (Preservatives, etc., in Food) Regulations, 1928, permit sausages to contain Sulphur Dioxide as a preservative in amounts not exceeding 450 parts per million ; the Regulations require a declaration to be made in the form of a label or other notice, if the sausages are so preserved.

Seven samples of sausages and one of white pudding were found to contravene the Regulations by containing varying amounts of Sulphur Dioxide which although within the permitted limit, had not been declared.

Minced Meat.—Three samples of Minced Meat and one of Hamburger were found to be preserved with Sulphur Dioxide in amounts ranging between 370 and 900 parts per million.

These articles are not permitted to contain any preservative.

Vinegar.—Vinegar should contain not less than 4% of Acetic Acid ; four samples were found to be deficient of this constituent in amounts varying from 18.75% to 23.5% of the required amount. Two informal samples were similarly deficient by 34% and 56.5% respectively.

Ice Cream.—The " Food Standards (Ice Cream) Regulations, 1952 " require ice cream to contain not less than 5% of milk-fat. Out of 210 samples analysed, 2 were found deficient in this respect, one by 20% and the other by 60%.

Rum.—Rum is normally sold at an alcoholic strength of 30° under proof. One sample was found to have an alcoholic strength of only 49.55° under proof, that is to say. it contained 28.8% excess water.

Icing Sugar.—It is normal practice for Icing Sugar to contain approximately 3% of starch to prevent it from caking ; one sample was found to contain 9% of starch, i.e. 6% in excess of the normal amount.

Sweet Spirits of Nitre.—This article is essentially an alcoholic solution of ethyl nitrite, of which it should contain between 1.25 and 2.5% W/V. One formal sample was found to be deficient by 96% ; two informal samples were deficient by 84% and almost 100% respectively.

The preparation is unstable and liable to deteriorate in certain circumstances.

Boracic Ointment.—An informal sample was found to be deficient by 22.2% of the amount of Boric Acid which the British Pharmacopoeia requires it to contain, viz., 1.0%.

Ammoniated Tincture of Quinine.—This article is required by the British Pharmaceutical Codex to contain 0.85% of Ammonia ; an informal sample was found to be defective in this respect by 23.8%.

Butter.—Butter is permitted to contain 16% of water; out of 313 samples tested, one was found to contain water in excess of this amount—19.3%.

Bread and Butter.—One sample, purchased in a cafe, was found to be adulterated in respect of the butter portion of it, with 90% of fats foreign to butter.

Sultanas.—One sample was reported as unfit for human consumption because of partial decomposition of the natural sugar of the fruit.

Flake Almonds.—One sample was found to consist entirely of a substitute for almonds—ground nuts.

SAMPLES SUBMITTED BY PORT MEDICAL OFFICER.

These samples fall into two categories, (1) foods sampled at time of importation and (2) foods which have been in store for prolonged periods.

In the first category, the following were examined :

Processed Peas	1	Canned Grapefruit	1
Dried Fruit	2	Fortified Food	1
Molasses	3	Ground Rice	1
Ground Nutmeg	1	Canned Shrimps	8
Dates	2	Ice Cream Powder	1
Full Cream Milk Powder	1	Soup Powder	1
Stem Ginger	1	Ground Peanuts	1

All proved genuine.

Molasses tablets (1)—found to contain an excessive amount of copper (250 pts. per million).

Rice (2)—found to be discoloured by contact with a colouring matter.

In the second category, the following were examined with the results shown :—

Soluble saccharin (1), sound; Chocolate Crumb (1), unsound; Soup Powder (1), unsound; Coffee preparations (3), unsound; " Cornflour "

(2)—both proved to be potato starch, 1 sound, 1 unsound ; Chocolate Vermicelli (1), unsound ; Canned Pineapple (2), 1 sound, 1 unsound ; Canned Marmalade (3), 2 sound, 1 unsound ; Canned Plum Jam (1), unsound ; Canned Grapefruit (2), both unsound ; Canned Pears (1), unsound.

In the majority of these samples, the normal safekeeping period had been considerably exceeded.

COMPLAINT SAMPLES OF FOOD SUBMITTED BY CHIEF HEALTH INSPECTOR.

Under this heading, fourteen samples were examined with the following results :—

Canned corn beef (2), of which one was sound, and the other was found to have a perforation in the can.

Baby food (1), sound ; Sugar (1), sound ; Canned Beans in tomato sauce (1), sound ; Tea (1), sound ; Currants (3)—all three contained numerous woody twigs and stems, one was infested with live mites, and one contained some dead mites ; bread (1)—found to have sacking fibres adhering to crust ; glucose powder (1)—contaminated with mice droppings ; oatmeal (1), sound ; flax seed (1), found to contain some mice droppings ; canned peas (1), sound.

MEDICAL SUPPLIES SUBMITTED BY CHILD WELFARE SECTION.

Nineteen samples were received, made up as follows :—

Cod Liver Oil Emulsion (9) of which two were correct and seven incorrect.

Cod Liver Oil (2), one correct ; one incorrect.

Compound Syrup of Iron Phosphate (1), Baby Food (4) and White Precipitate Ointment (1)—all correct.

Baby Soothers (1), and liquid contained in them (1)—found to contain a mould growth.

Miscellaneous Samples Analysed for Public Health Dept.

Four samples of water from Camac River; one sample of inflammable material found on a vacant site; one sample of rancid margarine seized by Veterinary Department, one medicine (Aspirin) from James Connolly Sanatorium; four foodstuffs in connection with suspected food poisoning.

Samples Analysed for City Engineer's Department.

In addition to the routine control samples of water, sewage, effluent and sludge listed earlier, the following miscellaneous samples were analysed :—

Eight samples of water for North Dublin Drainage Scheme, in the course of an investigation as to the nature of water percolating into the Howth tunnel, during the course of its construction.

Two samples of water, for the Main Drainage Dept., in a check on the efficient working of the tidal flaps on the River Liffey. One sample of oily material, for the Main Drainage Dept., taken from effluent channel, Outfall Works, to trace its origin.

Comparison analysis of 4 samples of coal and two of turf, for use in Corporation establishments.

Seven samples of solder and one of lead, for use in Waterworks Department.

One sample of Sulphuric Acid, for use in car batteries, by Mechanical Stores.

Analyses for Public Bodies, other than Dublin Corporation, and for Private Persons, etc. (including the City Area).

The total number of samples received from these sources during the year was 8,125, and the fees received by the Corporation for this work amounted to £4,786 15s. 5d.

The following table shows the figures for previous years :—

Year.		No. of Samples.	Fees. £	s.	d.
1922–1926	....	53,751	6,668	18	1
1927–1931	....	45,094	10,011	11	4
1932–1936	....	50,230	9,033	18	5
1937–1941	....	48,681	10,611	5	6
1942–1946	....	38,288	10,926	4	5
1947–1951	....	39,165	22,972	5	9
1952	....	8,674	6,059	15	6
1953	....	8,404	5,674	13	0
1954	....	8,474	6,084	6	4
1955	....	9,716	6,045	17	0
1956	....	8,125	4,786	15	5

SUMMARY OF TOTALS FROM ALL SOURCES.

City of Dublin :	
Dublin Corporation	6,429
Dublin Board of Assistance	151
Grangegorman Mental Hospital	97
Private Individuals, etc.	450
	7,127
Outside City of Dublin :	
Local Authorities	7,267
Private Individuals, etc.	160
	7,427
Grand Total for the year	14,554

Comparison of the total samples analysed in 1956 with the totals of previous years :—

		Total Number from All Sources
1922–26 (both inclusive)	....	53,751
1927–31 ,, ,,	....	68,002
1932–36 ,, ,,	....	74,209
1937–41 ,, ,,	....	73,758
1942–46 ,, ,,	....	57,603
1947–51 ,, ,,	....	58,308

	Total Number from all Sources
1952	13,370
1953	13,547
1954	14,938
1955	16,221
1956	14,554

In conclusion, I wish to express my appreciation of the loyal and capable manner in which the members of the City Laboratory Staff carried out their duties.

BLIND WELFARE.

BLIND PERSONS ACT, 1920.

NUMBER ASSISTED IN THEIR OWN HOMES:		
Single or Widowed Persons:		
Males	204	
Females	471	
		675
MARRIED PERSONS:		
Males	140	
Females	43	
		183
NUMBER MAINTAINED IN INSTITUTIONS:		
Males	75	
Females	57	
		132
TOTAL		990

PAYMENTS IN CONNECTION WITH THE SCHEME:	
Allowance to Blind Persons in their own homes	£48,150
Payments to Institutions	5,974
	£54,124

PUBLIC CLEANSING.

The Public Cleansing Services comprise three important functions, namely:—

1. Street Cleansing.
2. Collection of refuse.
3. Disposal of refuse.

The Cleansing Department is responsible for the cleansing of all streets—approximately 550 miles—road gullies and catchpits within the City boundary and the periodic emptying of ashbins and the disposal of the refuse collected therefrom.

STREET CLEANSING.

All the streets are swept weekly, bi-weekly or thrice weekly depending upon their location. The principal streets and streets in congested areas receive daily attention. Patrols are daily employed collecting and disposing of litter from the main thoroughfares.

Petrol-driven vacuum gully emptying machines are utilised for emptying the catchpits connected with the road gullies. Petrol-driven washing and sweeping machines patrol the main streets at night-time.

Litter on the streets still remains a problem and the number of litter receptacles provided throughout the City areas has also been increased, and these receptacles are emptied by the street patrols.

Special attention is paid to the beaches surrounding the City. These are cleaned regularly during the summer months and debris is removed to the various tipheads.

On Sundays a limited staff is engaged on street cleansing work.

For the year ended December, 1956, a total of 20,000 tons of street sweepings were collected and disposed of at the various disposal grounds.

REFUSE COLLECTION.

Domestic refuse collections are made thrice weekly in the centre City area, twice weekly in certain adjoining areas, and once weekly in residential areas.

Petrol and diesel-driven refuse collection vehicles varying in capacity from 15 cwt. to 5 tons, and fitted with hydraulic tipping gear, and with sliding covers to prevent scattering of contents (in the central City area dustless barrier type collection vehicles are used) are utilised for the collection of domestic and street refuse, etc.

For the year ended December, 1956, the total quantity of domestic and trade refuse collected was 184,560 tons, equivalent to an average yield of 16 cwt. per thousand of population per day. 165,000 tons were disposed of on the various disposal grounds, principally at Clontarf (foreshore reclamation), on the North side of the City and Irishtown (foreshore reclamation), Sundrive Park (disused and pumped out quarry), and a new site at Longmeadows, Chapelizod, on the South side. 3,600 tons were consumed at the Stanley Street Destructor. In addition, the traders themselves transported 75,828 tons of refuse to the various tipheads.

PUBLIC CONVENIENCES.

There are 20 dual, 2 ladies and 11 gents public conveniences, and 26 urinals in the City which are washed and cleaned daily.

SCHOOL MEALS.

During the year 7,677,116 meals were provided, of which 167,393 were cooked.

The cooked meals consist of:—

Soups, with bread.
Stews—beef or mutton with vegetables.
Mashed potatoes.
Rice or other puddings.
Cocoa.
Sausage and mash.

The uncooked meals consist of:—

Third-pint milk with, on different days, sandwich of meat, or cheese or jam, or fruit bun.

There is no caterer for cooked meals.

The caterer for Sandwiches is Messrs. T. J. Lawlor & Co., Naas, Co. Kildare.

The milk supplier is Messrs. Dublin Dairies Ltd., Crumlin.

The following schools were included in the School Meals Scheme during the year:—

De La Salle C.B., Finglas.
Finglas Parochial.
Lindsay Road N.S.

EMERGENCY MEALS.

During the year 2,103,757 meals were provided in twenty Centres. The following Centres are now closed:—

Holy Child, Glenshesk Road; Matt Talbot, Townsend Street; St. Paul's, Queen Street. The Centre at East Wall Road was transferred, in September, 1955, to the new Centre at St. Mary's Road.

EMERGENCY MEALS FOOD CENTRES.

St. Agatha's, North Clarence Street.
St. Agnes, Crumlin.
St. Anthony's, Seville Place.
St. Brigid's, Holles Row.
Christ the King, Fassaugh Avenue.
St. Joseph's, Brickfield Lane.
St. Joseph's, St. Mary's Road.
St. Joseph's, Cumberland Street.
Sisters of Charity, Lakelands.
Lourdes House, Buckingham Street.
St. Martin's, Upper Gardiner Street.
St. Mary Magdalen's, Donnybrook.
Mater Dei, North Brunswick Street.
Mount St. Anne's, Milltown.
Our Lady of the Assumption, Ballyfermot.
Our Lady of Good Counsel, Mourne Road.
Our Lady of Mount Carmel, Longford Lane.
Our Lady's Mount, Harold's Cross.
Our Lady of the Rosary, Goldenbridge.
St. Vincent's, Henrietta Lane.

DISINFECTING DEPOT.

W. J. Tannam, Superintendent.

Staff :—26 operatives (including motor-drivers) and 1 clerk.

The Disinfecting Depot is equipped with two Washington-Lyons Steam Disinfecting machines, a formalin chamber and reclining baths. There are also three small machines in the Francis Street Market.

Mechanical transport consists of five motor vans.

Three of the five vans are used for the collection of infected articles. One is used for the return of articles which have been disinfected. One is used part-time for the carriage of disinfectors working on disinfestation in dwellings and part-time for the carriage of Rodent Control operatives and their equipment to and from premises undergoing treatment. Each of the three vans working on disinfection is manned by a disinfector and a driver who assists him and it carries the necessary sprayers, mops, cloths, buckets, canvas bags, etc., and supplies of disinfectants. The delivery van is manned by a driver and helper. The fifth van distributes and collects the four disinfestation operatives and their equipment of sprayers, canisters and supplies of D.D.T. powder, solution and emulsion ; it also distributes and collects two Rodent Control operatives with their equipment of cans of baits and poisons.

SUMMARY OF RODENT CONTROL.

(Warfarin is the only poison now used).

Complaints and requests received	500
Rats killed—overground	8,130
sewers (North)	13,916
sewers (South)	7,447
Premises treated by Corporation	316
Premises treated by occupiers and pest controllers	184

STATEMENT SHOWING WORK PERFORMED BY DISINFECTING BRANCH.

Dwellings Disinfected	Rooms Disinfected	Removal of Clothing	Persons using Baths in Depot
1,969	4,922	4,586	202

DISINFECTIONS AFTER :

Phthisis, 1,232. Diphtheria and Suspected Diphtheria, 256. Typhoid, 5. Para-Typhoid, 2. Poliomyelitis, 84. Scarlatina, 347. Dysentery, 30. Acute Lymphocytic Meningitis, 13.

RETURN OF WORK CARRIED OUT BY DISINFESTATION DEPOT FOR THE YEAR :

Number of rooms treated for insect pests	14,478
Number of beds treated	10,512
Number of dwellings visited	3,325

The furniture and effects of families being rehoused are disinfested before removal from the old dwelling, and a follow-up treatment is given when they are established in the new dwellings, because many buy secondhand furniture to furnish their new houses.

At the request of the Customs Authority, 487 bales of materials, such as old clothing and rags, imported through the Port of Dublin were disinfected and returned to Customs.

No disinfection or disinfestation of such goods is done at the premises of rag dealers in the City. During the year the dealers were called on and instructed in the use of D.D.T., and were informed where the necessary sprayers and preparations might be purchased. The District Health Inspector is required to see that the dealers use the means of disinfestation. In some few cases a dealer may have to show a purchaser in this country a certificate of disinfection under the terms of his contract. Where such certificate is required, he may bring his goods to this Depot, have them disinfected and receive a certificate. We have been asked to do this on a few occasions during the year. The amount of rags concerned was 171 cwts.

Other Works.

Richmond Hospital—5 wards, kitchen, toilets	(once)
Eye and Ear Hospital treated for steam flies	(on 3 occasions)
Clonskeagh Fever Hospital in its entirety ...	(on 2 occasions)
Coombe Lying-in Hospital, Neo-Natal Unit	(3 times)
Grangegorman Mental Hospital, Nurses' Home, Kitchen and Boilerhouse ...	(twice)
Remedial Clinic, Goatstown, in its entirety.	
St. Clare's Hospital, Ballymun Rd., in its entirety.	
Crooksling Sanatorium, in its entirety.	
Abbotstown Sanatorium, Kitchens ...	(once)
St. Mary's Chest Hospital, Unit H, Kitchens and Boilerhouse	(twice)
Regina Coeli Hostel and Morning Star Hostel	(entirety)
Dental Clinic, Cornmarket, in its entirety.	
Dental Clinic, Larkhill, in its entirety.	
Dispensary, Larkhill, in its entirety.	

Special Works.

An outbreak of swine fever occurred on 15th August, 1956, and continued until 22nd October, plus an isolated case on 21st November. The help of this Department was sought by the Department of Agriculture regarding the disinfecting and cleansing of the affected piggeries. The modus operandi followed in each case was :—

(1) to thoroughly spray all parts and everything therein with Jeyes Fluid.

(2) the thorough cleansing by hard scrubbing with wire brushes, hot water, soft soap and washing soda, of walls, partitions, flooring boards, doors, etc., and of all food containers etc.

(3) after removal of manure, the pits were cleansed and disinfected and a final spraying of Jeyes Fluid was applied to entire premises. The total number of piggeries dealt with was 59.

In many cases where the water supply was insufficient, hoses had to be borrowed from the Fire Brigade to convey water from street hydrants, which in some cases were up to 100 yards away.

Most of the piggeries showed evidence of rat infestation. Our Rodent Control Branch took the necessary steps to deal with the menace.